

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 3728 133

1. PLACE OF DEATH: COUNTY <i>Frederick</i>		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <i>Maryland</i> COUNTY <i>Frederick</i>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <i>Sabillasville</i>		LENGTH OF STAY (in this place) <i>Life</i>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <i>Sabillasville rural</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)		(First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
<i>JAMES WILLIAM FLEET ARNSPARGER</i>					<i>April 4 1951</i>
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <i>Married</i>		8. DATE OF BIRTH <i>May 29, 1874</i>	9. AGE last birthday <i>76</i> yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Laborer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Railroad</i>		11. BIRTHPLACE (State or foreign country) <i>Maryland</i>	
13. FATHER'S NAME <i>George D. Arnsperger</i>		14. MOTHER'S MAIDEN NAME <i>Mary E. Stottmeyer</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY No. <i>76</i>		17. INFORMANT AND ADDRESS <i>Mrs. Allen Brown, Thurmont, Md.</i>	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN
ONSET AND DEATH

Immediate cause

Antecedent cause(s)

Diseases or conditions, if any,
giving rise to the above cause
stating the underlying cause last177X
515

(a)

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not
related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☒21. ACCIDENT
SUICIDE
HOMICIDE

(Specify)

PLACE (Home, farm, factory, street,
OF office bldg., etc.)
INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour)
OF INJURYINJURY OCCURRED
While at Not While
Work ☐ At work ☒

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased *March 12, 1951*, to *April 4, 1951*, that I last saw the deceasedalive on *4/4*, 1951, and that death occurred at *10:45 P.M.*, from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION
REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL
REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

690506



MARYLAND STATE DEPARTMENT OF HEALTH

Evidence for addition
in 18 shown on:

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH COUNTY Frederick MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Frederick		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Frederick	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital		STREET ADDRESS (If rural, give location) 147 North Market Street	
3. NAME OF DECEASED (Type or Print)	(First) LILLIAN	(Middle) EVELINE	(Last) BIRELY
4. DATE OF DEATH	April	2	1951
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH Dec. 25, 1889
9. AGE last birthday 61 yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Charles S. Birely		14. MOTHER'S MAIDEN NAME Margaret Gittinger	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY No	
17. INFORMANT AND ADDRESS Miss Jeannette Weinberg, Frederick, Maryland			

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause (a) Coronary Occlusion		sudden
Antecedent cause(s) (b) Perineal repair - varicose vein operation (4/9/51 akc)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
Mar 28	Repair of Perineum	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 28 1951, to April 19 1951, that I last saw the deceased alive on April 2, 1951, and that death occurred at 1:25 P. m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	April 4, 1951	Mount Olivet Cemetery	Frederick, Maryland
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3 April 1951	Elyse L. H. H. H.	C. E. Cline & Son,	Frederick, Maryland

MARGIN RESERVED FOR BINDING

I

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

3730

Reg. Dist. No. 131

1. PLACE OF DEATH - COUNTY <u>Frederick</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED - COUNTY <u>Maryland</u> <u>Frederick</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Frederick</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Keysmar</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Memorial Hospital</u>		STREET ADDRESS (If rural, give location) <u>Rural</u>	
3. NAME OF DECEASED (First) <u>ROBERT</u> (Middle) <u>WILLIAM</u> (Last) <u>BOND</u>		4. DATE OF DEATH (Month) <u>April</u> (Day) <u>29</u> (Year) <u>1951</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED <u>Single</u>	8. DATE OF BIRTH <u>12/1/1875</u> 75 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Builder</u>		11. BIRTHPLACE (State or foreign country) <u>Massachusetts</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>Building</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	
13. FATHER'S NAME <u>Cornelius Bond</u>		14. MOTHER'S MAIDEN NAME <u>Hannah Englar</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY No. <u>none</u>	
17. INFORMANT AND ADDRESS <u>Elise Bond, Keysmar, Md.</u>			
18. MEDICAL CERTIFICATION			
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) <u>Cerebral Hemorrhage</u>			<u>3 days</u>
Antecedent cause(s) (b) <u>Arterio Sclerosis</u>			
Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (c)			
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21. ACCIDENT (Specify) <u>SUICIDE</u>		PLACE (Home, farm, factory, street, OF office bldg., etc.) <u>INJURY</u>	
TIME (Month) (Day) (Year) (Hour) OF INJURY		HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>April 29, 1951</u> , to <u>April 29, 1951</u> , that I last saw the deceased alive on <u>April 29, 1951</u> , and that death occurred at <u>3:05 p.m.</u> from the causes and on the date stated above.			
SIGNATURE <u>A. H. Mussen M.D.</u>		DATE SIGNED <u>April 29, 1951</u>	
23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		DATE THEREOF <u>5/2/51</u>	
24. FUNERAL DIRECTOR <u>W. H. Spitzer & Sons</u>		ADDRESS <u>Union Budget Thr. Co., Md.</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 7 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

3731

Reg. Dist. No. 132

1. PLACE OF DEATH- COUNTY <u>Frederick</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Buckhillsville</u> TOWN <u>Buckhillsville</u> HOSPITAL OR INSTITUTION OR STREET ADDRESS _____		MARYLAND LENGTH OF STAY (In this place) <u>15 years</u>		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Fred.</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Buckhillsville</u> TOWN <u>Buckhillsville</u> STREET ADDRESS _____ (If rural, give location)	
3. NAME OF DECEASED (Type or Print) <u>Charles Edward</u> (First) <u>Boyer</u> (Middle) <u>Boyer</u> (Last)		4. DATE OF DEATH <u>4</u> (Month) <u>11</u> (Day) <u>1951</u> (Year)			
5. SEX <u>male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, <u>Widowed</u>	8. DATE OF BIRTH <u>10-24-1867</u>	9. AGE last birthday <u>83</u> yrs.	If under 1 year Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Brickman, Blank</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>B&O. P.R.</u>		11. BIRTHPLACE (State or foreign country) <u>Virginia</u>	
13. FATHER'S NAME <u>Isaac Boyer</u>		14. MOTHER'S MAIDEN NAME <u>Matilda Johnson</u>		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or dates of service)		16. SOCIAL SECURITY No. _____		17. INFORMANT AND ADDRESS <u>Virginia Boyer Baltimore Md.</u>	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral hemorrhageAntecedent cause(s) (b) Advanced generalized arteriosclerosisDiseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) SenilityINTERVAL BETWEEN ONSET AND DEATH 3 hrs.II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office hldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Jan., 1951, to 4-11, 1951, that I last saw the deceased alive on 4-10, 1951, and that death occurred at 12:30 A.M., from the causes and on the date stated above.

SIGNATURE [Signature](Degree or title) MDADDRESS Baltimore, Md.DATE SIGNED 4-11-51

23. BURIAL, CREMATION, REINTERMENT (Specify)	DATE THEREOF <u>4-13-51</u>	NAME OF CEMETERY OR CREMATORY <u>Reformed</u>	LOCATION (City, town, or county) <u>Lordsburg Virginia</u>	(State)
DATE REC'D BY LOCAL REG. <u>3-13-51</u>	REGISTRAR'S SIGNATURE <u>Maria Gladwin</u>	24. FUNERAL DIRECTOR <u>C. A. Zett & Bros</u>	ADDRESS <u>Baltimore Md.</u>	

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

624506

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APR 24 1951

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

3732

CERTIFICATE OF DEATH

Reg. Dist. No. 141

1. PLACE OF DEATH COUNTY <u>Frederick</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Frederick</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Brunswick</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Brunswick</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>1 East D Street</u>		STREET ADDRESS (If rural, give location) <u>1 East D Street</u>	
3. NAME OF DECEASED (Type or Print) <u>Emma Frances Brady</u>		4. DATE OF DEATH (Month) <u>April</u> (Day) <u>3</u> (Year) <u>1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept. 8, 1873</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>	9. AGE last birthday <u>77</u> yrs. If under 1 year: Months <u>6</u> Days <u>25</u> Hours <u>15</u> Mln. <u>15</u>
11. BIRTHPLACE (State or foreign country) <u>Bolivar, West Virginia</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>James T. Reed</u>		14. MOTHER'S MAIDEN NAME <u>Margaret Elizabeth Houck</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>(No)</u>		16. SOCIAL SECURITY No. <u>(None)</u>	
17. INFORMANT AND ADDRESS <u>Mrs. Paul Orrison, Brunswick, Md.</u>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) Coronary thrombosis

Antecedent cause(s)

(b) None

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office hldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 3/29, 1951, to 4/3, 1951, that I last saw the deceased

alive on 4/3, 1951, and that death occurred at 5:00 m., from the causes and on the date stated above.

SIGNATURE: William M. Meacham ADDRESS: Brunswick, Maryland DATE SIGNED: 4/5/51

23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	DATE THEREOF <u>April 6, 1951</u>	NAME OF CEMETERY OR CREMATORY <u>St. Marks Episcopal</u>	LOCATION (City, town, or county) <u>Petersville, Frederick Co. Md.</u>
DATE REC'D BY LOCAL REG. <u>4-6-51</u>	REGISTRAR'S SIGNATURE <u>Eugenia W. Burke</u>	24. FUNERAL DIRECTOR <u>Jesse E. Bailey</u>	ADDRESS <u>Brunswick, Md.</u>

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 9 1951
BUREAU V. 2

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

3733

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH- COUNTY Frederick MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and give nearest town) Frederick		CITY (If outside corporate limits, write RURAL and give nearest town) Frederick	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 259 Dill Avenue		STREET ADDRESS (If rural, give location) 259 Dill Avenue	
3. NAME OF DECEASED (Type or Print)	(First) LILLIAN (Middle) MAE (Last) BROWN	4. DATE OF DEATH (Month) 4 (Day) 24 (Year) 1951	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 20 Nov 1892
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-work		10b. KIND OF BUSINESS OR INDUSTRY At Home	9. AGE last birthday 58 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Martin L. Cordell		14. MOTHER'S MAIDEN NAME Mary Meitzler	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY No. None	
17. INFORMANT AND ADDRESS S. Elmer Brown, 259 Dill Ave., Frederick, Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

Antecedent cause(s)

443X Diseases or conditions, if any, giving rise to the above cause, stating the underlying cause last

93d

(a)

(b)

(c)

INTERVAL BETWEEN ONSET AND DEATH

4 hours

3 yrs.

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

Femoral phlebitis & pulmonary embolism

4 mos

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE	(Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not while At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Nov, 1950, to April, 1951, that I last saw the deceased alive on 24 Apr, 1951, and that death occurred at 1:20 A m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

Charles H. Cully Jr.

M. D. Frederick, Maryland

25 April 1951

23. BURIAL, CREMATION, or other disposal (Specify) Burial	DATE THEREOF 26 April 1951	NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery	LOCATION (City, town, or county) Frederick, Maryland	(State)
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DATE REC'D BY LOCAL REG. 25 April 1951	REGISTRAR'S SIGNATURE Elizabeth G. Heck	24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland	ADDRESS
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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

APR 26 1951

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

3734
Reg. Dist. No. 131

1. PLACE OF DEATH- COUNTY Frederick MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and give nearest town) Frederick		CITY (If outside corporate limits, write RURAL and give nearest town) Frederick	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 118 West Sixth Street		STREET ADDRESS (If rural, give location) 118 West Sixth Street	
3. NAME OF DECEASED (Type or Print)	(First) HARRY	(Middle) HENRY	(Last) BRUST
4. DATE OF DEATH	(Month) 4	(Day) 19	(Year) 1951
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 29 Dec 1889
9. AGE last birthday 61 yrs.		10. If under 1 year Months Days Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Brick Setter		10b. KIND OF BUSINESS OR INDUSTRY Brick Yard	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Henry Brust		14. MOTHER'S MAIDEN NAME Florence Stull	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY No. 214-10-3379	
17. INFORMANT AND ADDRESS Mrs. Margaret Brust, 118 W. 6th St., Frederick, Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443x Immediate cause
93d Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(a) Hypertensive Cardio-Vascular Disease
(b) Cerebral Hemorrhage
(c) 1

INTERVAL BETWEEN ONSET AND DEATH
at least several years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

21. ACCIDENT SUICIDE HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at Work Not While At work

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-12-51, to 4-19-51, that I last saw the deceased alive on 4-12-51, and that death occurred at 5:30 P.M., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL CREMATION Burial

DATE THEREOF 23 April 1951

NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery

LOCATION (City, town, or county) Frederick, Maryland

(State)

DATE REC'D BY LOCAL REG. 20 April 1951

REGISTRAR'S SIGNATURE Elizabeth S. Heck

24. FUNERAL DIRECTOR

ADDRESS

M. R. Etchison & Son, Frederick, Maryland

504246

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

3735

Reg. Dist. No. 144

1. PLACE OF DEATH COUNTY <u>Frederick</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Frederick</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Chaguestown</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Chaguestown</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural give location)	
3. NAME OF DECEASED (Type or Print)	(First) <u>WILLIAM</u>	(Middle) <u>EDWARD</u>	(Last) <u>BURDETTE</u>
4. DATE OF DEATH	(Month) <u>April</u>	(Day) <u>29</u>	(Year) <u>1951</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Apr. 15, 1877</u>
9. AGE last birthday <u>74 yrs.</u>		10. AGE last birthday If under 1 year Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own farm</u>	
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Charles M. Burdette</u>		14. MOTHER'S MAIDEN NAME <u>Christine Cook</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY No. <u>215-141746A</u>	
17. INFORMANT <u>Norman R. Burdette</u>		<u>Thurmont, Md.</u>	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) Cerebral Hemorrhage

331X Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Cerebral Arteriosclerosis

(c)

INTERVAL BETWEEN ONSET AND DEATH

6 hrs.

2 years

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. No

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

21. ACCIDENT SUICIDE HOMICIDE (Specify) No PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN)

(COUNTY)

20. AUTOPSY?

Yes ☐ No ☐

TIME (Month) (Day) (Year) (Hour) OF INJURY No m. INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 29, 1951, to Apr. 29, 1951, that I last saw the deceased

alive on Apr. 29, 1951, and that death occurred at 11:20 P. m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

May 1 1951

Blanche V. Eylee

M. L. Ecage's Son, Thurmont, Md.

RECEIVED
MAY 3 1958
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

3736

Reg. Dist. No. 141

1. PLACE OF DEATH- COUNTY <u>Frederick</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Brunswick</u> TOWN <u>Brunswick</u> HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>417 East A St.</u>		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Frederick</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Brunswick</u> TOWN <u>Brunswick</u> STREET ADDRESS (If rural, give location) <u>417 East A Street</u>	
3. NAME OF DECEASED (Type or Print) (First) <u>Sophia</u> (Middle) <u>Elizabeth</u> (Last) <u>Cage</u>		4. DATE OF DEATH (Month) <u>April</u> (Day) <u>18</u> (Year) <u>1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>June 25 1868</u>
9. AGE last birthday <u>82</u> yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	
11. BIRTHPLACE (State or foreign country) <u>Morgan Co., W. Va.</u>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <u>William D. Dyche</u>		14. MOTHER'S MAIDEN NAME <u>Bridget McKnight</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY No.	
17. INFORMANT AND ADDRESS <u>Hugh Cage, Brunswick, Md.</u>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(a)

(b)

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from March 12, 1957, to April 18, 1957, that I last saw the deceased

alive on April 18, 1957, and that death occurred at 6:50 A.M., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	DATE THEREOF <u>April 20, 1951</u>	NAME OF CEMETERY OR CREMATORY <u>Park Heights</u>	LOCATION (City, town, or county) <u>Brunswick, Maryland</u>	(State)
DATE REG'D BY LOCAL REG. <u>4-17-51</u>	REGISTRAR'S SIGNATURE <u>Eugenia H. Burke</u>	24. FUNERAL DIRECTOR <u>Jesse J. Bailey</u>	ADDRESS <u>Brunswick, Md.</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 3737
131

1. PLACE OF DEATH- COUNTY Frederick MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and give nearest town) OR Frederick-Rural RD#5		CITY (If outside corporate limits, write RURAL and give nearest town) OR Frederick-Rural RD#5	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Emergency Hospital		STREET ADDRESS (If rural, give location) Near Shookstown	
3. NAME OF DECEASED (Type or Print)	(First) MARTHA (Middle) LOUISE (Last) CLARK	4. DATE OF DEATH	(Month) 4 (Day) 5 (Year) 1951
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH 2 April 1951
9. AGE last birthday yrs. Months Days		10. CITIZEN OF WHAT COUNTRY? USA	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME W. Earl Clark		14. MOTHER'S MAIDEN NAME Mary I. Marshall	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT AND ADDRESS W. Earl Clark, RFD#5, Frederick, Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a)

D. & dehydration

INTERVAL BETWEEN
ONSET AND DEATH

3 days

Antecedent cause(s)

(b)

Obstruction of Esophagitis

3 days

Diseases or conditions, if any,
giving rise to the above cause
stating the underlying cause last

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not
related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☒21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,
SUICIDE OF office bldg., etc.)

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour)
OF INJURY m.INJURY OCCURRED
While at Not While
Work ☐ At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 2, 1951, to April 5, 1951, that I last saw the deceased

alive on April 5, 1951, and that death occurred at 12:10 P. M., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION
REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL
REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

6 April 1951

Elizabeth G. Heck

M. R. Etchison & Son, Frederick, Maryland

20-4021-243-36-3

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 9 1951
BUREAU V. S.

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 131

1. PLACE OF DEATH COUNTY Frederick MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and give nearest town) OR Frederick-Rural RD#5 LENGTH OF STAY 7 yrs.		CITY (If outside corporate limits, write RURAL and give nearest town) OR Frederick-Rural RD#5	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Montevue		STREET ADDRESS Montevue (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) RAYMOND	(Middle) JOSIAH	(Last) CRAMER
4. DATE OF DEATH	(Month) 4	(Day) 9	(Year) 1951
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 23 July 1887
9. AGE last birthday 63 yrs.		10. DATE OF BIRTH 23 July 1887	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer Manager-County Home Farm		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY USA	
13. FATHER'S NAME David J. Cramer		14. MOTHER'S MAIDEN NAME Amanda Gernand	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY No. 214-10-3496	
17. INFORMANT AND ADDRESS Mrs. Erma Cramer, RD#5, Frederick, Md.			

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Coronary Occlusion		immediate
Antecedent cause(s) (b) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) 4120.1 Antecedent cause(s) 94a		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) Home - Farm	(CITY OR TOWN) Frederick (COUNTY) Fredrick (STATE) Md
TIME (Month) (Day) (Year) (Hour) DEATH 4-9-51 5 A m.	INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

R. W. Baer

Deputy Medical Examiner, Frederick, Maryland 9 April 1951

23. BURIAL, CREMATION OR OTHER DISPOSITION (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12 April 1951	Glade Cemetery	Walkersville, Maryland
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10 April 1951	<i>Elizabeth G. Harb.</i>	M. R. Etchison and Son,	Frederick, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

APR 11 1951

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

3739

1. PLACE OF DEATH - COUNTY <u>FREDERICK</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED - STATE <u>PENNSYLVANIA</u> COUNTY <u>DELAWARE</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>FREDERICK</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>LANSDOWNE</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>FREDERICK MEMORIAL HOSPITAL</u>		STREET ADDRESS (If rural, give location) <u>266 WINDERMERE AVE.</u>	
3. NAME OF DECEASED (Type or Print)	(First) <u>EDMOND</u> (Middle) <u>EUGENE</u> (Last) <u>CRAWFORD</u>	4. DATE OF DEATH (Month) <u>APRIL</u> (Day) <u>6</u> (Year) <u>1951</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>2-8-79</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>ENGINEER-RETIRED</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>RAILROAD</u>	
13. FATHER'S NAME <u>JOHN R. CRAWFORD</u>		14. MOTHER'S MAIDEN NAME <u>MARY O'BRIEN</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>705-12-3620</u>	
17. INFORMANT AND ADDRESS <u>MRS. SOPHIE UTTERBACK, LANSDOWNE, PA</u>		18. MEDICAL CERTIFICATION	

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) CEREBRAL HEMORRHAGE

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) ARTERIOSCLEROTIC HEART DISEASE(c) OBESITY

11. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from APRIL 5, 1951, to APRIL 6, 1951, that I last saw the deceasedalive on APRIL 6, 1951, and that death occurred at 5:29 A. m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

April 1951Elizabeth H. HeckC.E. CLINE & SON, FREDERICK, MD.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

541506



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

3740
Reg. Dist. No. 138

1. PLACE OF DEATH- COUNTY FREDERICK MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE MARYLAND COUNTY FREDERICK	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN RURAL BARTHLOWS LENGTH OF STAY (in this place) 40 yrs		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN RURAL BARTHLOWS	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) JOHN (Middle) ALBERT (Last) DAVIS	4. DATE OF DEATH (Month) (Day) (Year) APRIL 5 1951	
5. SEX MALE	6. COLOR OR RACE COL	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED	8. DATE OF BIRTH 7-22-1891
9. AGE last birthday 59 yrs.		10. BIRTHPLACE (State or foreign country) MARYLAND	
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) tenant FARMER		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME CLIFTON DAVIS		14. MOTHER'S MAIDEN NAME MAMIE HOPKINS	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY No. L	
17. INFORMANT HARRIET DAVIS (WIFE)			

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause (a).....	Coronary thrombosis	
Antecedent cause(s) (b).....	Coronary arteria sclerosis	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c).....	5 yrs	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
Chronic valvular heart disease		10 yrs
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>

21. ACCIDENT (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
SUICIDE HOMICIDE	INJURY			
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **Apr 10**, 19**49**, to **Apr 5**, 19**51**, that I last saw the deceased alive on **Apr 5**, 19**51**, and that death occurred at **1:45 P**.m., from the causes and on the date stated above.

SIGNATURE Ernest P. Roof M.D.	ADDRESS New Market, Maryland	DATE SIGNED 4/7/51
23. BURIAL, CREMATION REMOVAL (Specify) Rural	DATE April 8-1951	NAME OF CEMETERY OR CREMATORY Simpson Chapel Cem
LOCATION (City, town, or county) New Market	(State) MD	
DATE REC'D BY LOCAL REG. Apr 7-1951	REGISTRAR'S SIGNATURE Lucian K. Talcomer	24. FUNERAL DIRECTOR W.E. Talcomer
ADDRESS New Market Md		

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 28 1951
BUREAU V. S.

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for change
in 9 shown on:

FILE No. G 1 2 APR 18 1951

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY <u>Fredrick</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <u>Maryland</u> COUNTY <u>Fredrick</u>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) <u>Fredrick</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Brunswick</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Fredrick Memorial Hospital</u>		STREET ADDRESS (If rural, give location) <u>51 East 7. Street</u>	
3. NAME OF DECEASED (Type or Print)	(First) <u>Ray</u> (Middle) <u>Emerson</u> (Last) <u>Dockery</u>	4. DATE OF DEATH	(Month) <u>April</u> (Day) <u>11</u> (Year) <u>1951</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> (Specify) <u>single</u>	8. DATE OF BIRTH <u>11/30/40</u> 9. AGE last birthday <u>10</u> # yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>North Carolina</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>
13. FATHER'S NAME <u>Mr James C. Dockery</u>		14. MOTHER'S MAIDEN NAME <u>Therence C. Church</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>-</u>	
17. INFORMANT AND ADDRESS <u>J.C. Dockery, Brunswick, Maryland</u>			
18. MEDICAL CERTIFICATION			
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) <u>Tetanus</u>			<u>30 hours</u>
Antecedent cause(s) (b) <u>Lacerated left thumb</u>			<u>14 days</u>
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)			
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21. ACCIDENT (Specify) <u>HOMICIDE</u>		PLACE (Home, farm, factory, street, OF office bldg., etc.) <u>home</u>	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	
		HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>10 April, 1951</u> , to <u>11 April, 1951</u> , that I last saw the deceased alive on <u>11 April, 1951</u> , and that death occurred at <u>7:15 p.m.</u> , from the causes and on the date stated above.			
SIGNATURE <u>Robert H. Pilgreen, M.D.</u>		ADDRESS <u>12 Apr 51</u>	
23. BURIAL OR CREMATION REMOVAL (Specify) <u>Burial</u>		DATE THEREOF <u>14 April 1951</u>	
NAME OF CEMETERY OR CREMATORY <u>Parke Heights Cem</u>		LOCATION (City, town, or county) (State) <u>Brunswick, Maryland</u>	
DATE REC'D BY LOCAL REG. <u>12 April 1951</u>		REGISTRAR'S SIGNATURE <u>Elizabeth G. Heck</u>	
		24. FUNERAL DIRECTOR <u>C H Trotter Bros</u> ADDRESS <u>Brunswick, Md.</u>	

RECEIVED

APR 12 1951

BUREAU W. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 3742/38

1. PLACE OF DEATH- COUNTY <u>Frederick</u>		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Frederick</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Rural, Mt Airy</u>		LENGTH OF STAY (in this place) <u>6 months</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Rural - Mt Airy</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural, give location) <u>Between Ridgewill + Kemptown</u>	
3. NAME OF DECEASED (Type or Print) (First) <u>Ward</u> (Middle) <u>Allen</u> (Last) <u>Dotson</u>		4. DATE OF DEATH (Month) <u>April</u> (Day) <u>30</u> (Year) <u>1951</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Colored</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Oct. 13, 1950</u>	9. AGE last birthday <u>-</u> yrs. <u>6</u> Months <u>6</u> Days <u></u> Hours <u></u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>Infant</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Frederick, Md.</u>	
13. FATHER'S NAME <u>Stanley Dotson</u>		14. MOTHER'S MAIDEN NAME <u>Hazel Jones</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If year, give war or dates of service)		16. SOCIAL SECURITY No.		17. INFORMANT AND ADDRESS <u>Stanley Dotson, Mt. Airy, Md. RFD 3</u>	

18. MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				
Immediate cause (a) <u>Bronchopneumonia</u>			<u>4 days</u>	
Antecedent cause(s) (b) <u>491X</u>				
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <u>107</u>				
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>General Debility, malnutrition</u>			<u>6 mos</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. ACCIDENT (Specify) SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, office bldg., etc.) INJURY		(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>		HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 7, 1951, to April 29, 1951, that I last saw the deceased alive on April 29, 1951, and that death occurred at 4 p m., from the causes and on the date stated above.

SIGNATURE <u>W.B. Culwell, M.D.</u>		(Degree or title)		ADDRESS <u>Mt. Airy, Md.</u>		DATE SIGNED <u>April 30, 1951</u>	
23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		DATE <u>May 2, 1951</u>		NAME OF CEMETERY OR CREMATORY <u>Woodville Church</u>		LOCATION (City, town, or county) (State) <u>Woodville, Carroll, Md.</u>	
DATE REC'D BY LOCAL REG. <u>5-1-51</u>		REGISTRAR'S SIGNATURE <u>Raymond F. Day</u>		24. FUNERAL DIRECTOR <u>Olin L. Molesworth</u>		ADDRESS <u>Damascus, Md.</u>	

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MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 6 1951
BUREAU V. S.

RECEIVED
APR 5 1951
BUREAU 7-8

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH COUNTY Frederick		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and give nearest town) Jefferson-Rural RD#1		LENGTH OF STAY (in this place) 9 yrs.		CITY (If outside corporate limits, write RURAL and give nearest town) Jefferson-Rural RD#1	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Near Jefferson				STREET ADDRESS (If rural, give location) Near Jefferson	
3. NAME OF DECEASED (Type or Print)		(First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
EFFIE		JEANETTE		EVERHART	4 27 51
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow		8. DATE OF BIRTH 8 Aug 1863	9. AGE last birthday 87 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-work		10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (State or foreign country) Virginia	
13. FATHER'S NAME John Everhart		14. MOTHER'S MAIDEN NAME Mary Everhart		12. CITIZEN OF WHAT COUNTRY? USA	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT AND ADDRESS Mrs. Clarence B. Young, Jefferson, Md.	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

Antecedent cause(s)

331X Diseases or conditions, if any, giving rise to the above cause, stating the underlying cause last

83a

(a)

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

Senility

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

INTERVAL BETWEEN ONSET AND DEATH

15 days

12 yrs

21. ACCIDENT (Specify) SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY		(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While Work <input type="checkbox"/> At work <input type="checkbox"/>		HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 4/12, 1951, to 4/27, 1951, that I last saw the deceased alive on 4/26, 1951, and that death occurred at 11:55 A.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION, or other disposal (Specify) Burial		DATE THEREOF 30 April 1951	NAME OF CEMETERY OR CREMATORY Union Cemetery	LOCATION (City, town, or county) Lovettsville, Virginia	(State)
DATE REC'D BY LOCAL REG. 28 April 1951		REGISTRAR'S SIGNATURE Elizabeth G. Heck		24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland	

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

3744

RECEIVED

APR 30 1951

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH- COUNTY Frederick MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Frederick		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Frederick	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 610 North Market Street		STREET ADDRESS (If rural, give location) 610 North Market Street	
3. NAME OF DECEASED (Type or Print) GEORGE	(First) THOMAS	(Middle) EYLER	4. DATE (Month) (Day) (Year) OF DEATH April 15 19 51
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH Dec. 18, 1891
10a. USUAL OCCUPATION (Give kind of work done, during most of working life, even if retired) Machinist		10b. KIND OF BUSINESS OR INDUSTRY Lathe Operator	
13. FATHER'S NAME Thomas W. Eyler		12. CITIZEN OF WHAT COUNTRY? USA	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY No. 214-10-2961	
17. INFORMANT AND ADDRESS Mrs. George T. Eyler, Frederick, Maryland		17. INFORMANT AND ADDRESS Mrs. George T. Eyler, Frederick, Maryland	

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		18. MEDICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Cerebral Thrombosis			4 days.
Antecedent cause(s) (b) 332X 61 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last		Generalized Arteriosclerosis	2 months
II. OTHER SIGNIFICANT CONDITIONS (c) Conditions contributing to the death but not related to the disease or condition causing death.		Diabetes mellitus	5 yrs.
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21. ACCIDENT (Specify) SUICIDE HOMICIDE	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Jan., 1951, to April, 1951, that I last saw the deceased alive on April 14, 1951, and that death occurred at 7:15 A. M., from the causes and on the date stated above.

SIGNATURE Arthur F. Woodward M.D.	ADDRESS Frederick, Md.	DATE SIGNED 4/16/51
23. BURIAL, CREMATION, REMOVAL (Specify) Burial	DATE April 17, 1951	NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery
LOCATION (City, town, or county) Frederick, Maryland	24. FUNERAL DIRECTOR C. E. Cline & Son, Frederick, Maryland	ADDRESS
DATE REC'D BY LOCAL REG. 16 April 1951	REGISTRAR'S SIGNATURE Elizabeth S. Heck	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

3745

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23 17 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

3746

Reg. Dist. No. 131

1. PLACE OF DEATH- COUNTY <u>Frederick</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Frederick</u> TOWN <u>Frederick</u> HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Emergency Hospital</u>		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Frederick</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Frederick</u> TOWN <u>Frederick</u> STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) <u>FRANK</u> (First) <u>J</u> (Middle) <u>FEATHER</u> (Last)		4. DATE OF DEATH <u>April</u> (Month) <u>30</u> (Day) <u>1951</u> (Year)	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, -DIVORCED, (Specify)	8. DATE OF BIRTH <u>April 22, 1877</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE last birthday <u>74</u> yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.
13. FATHER'S NAME <u>George Feather</u>		14. MOTHER'S MAIDEN NAME <u>Mary Scheckelton</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY No. <u>?</u>	17. INFORMANT AND ADDRESS <u>?</u>

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			18. MEDICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH <u>5 weeks</u>
Immediate cause (a) <u>Cerebral Thrombosis</u>				
Antecedent cause(s) (b) <u>332X</u> <u>836</u> Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
21. ACCIDENT (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)	(COUNTY)
HOMICIDE		INJURY		
TIME (Month) (Day) (Year) (Hour)		INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR?	
OF INJURY		m. Work <input type="checkbox"/> At work <input type="checkbox"/>		
22. I hereby certify that I attended the deceased from <u>March 25, 1951</u> , to <u>April 30, 1951</u> , that I last saw the deceased alive on <u>April 29, 1951</u> , and that death occurred at <u>5:00 A.M.</u> , from the causes and on the date stated above.				
SIGNATURE <u>Bernard D. Thomas Jr. M.D.</u>		ADDRESS <u>Frederick, Md.</u>		DATE SIGNED <u>April 30, 1951</u>
23. BURIAL, CREMATION REMOVAL (Specify) <u>Removal</u>		DATE <u>Apr. 30 1951</u>	NAME OF CEMETERY OR CREMATORY <u>University School</u>	LOCATION (City, town, or county) <u>Baltimore, Md.</u>
DATE REC'D BY LOCAL REG. <u>30 April 1951</u>		REGISTRAR'S SIGNATURE <u>Elizabeth S. Heck-</u>		24. FUNERAL DIRECTOR <u>C.F. Cline & Son, Frederick, Md.</u>

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 1 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

3747

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH- COUNTY Frederick MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and give nearest town) Frederick		CITY (If outside corporate limits, write RURAL and give nearest town) Frederick	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 705 Maxwell Avenue		STREET ADDRESS (If rural, give location) 705 Maxwell Avenue	
3. NAME OF DECEASED (Type or Print)	(First) GUY	(Middle) ROSCOE	(Last) FISHER
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	4. DATE OF DEATH (Month) 4 (Day) 26 (Year) 1951
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Operator of School Buses		10b. KIND OF BUSINESS OR INDUSTRY Owner	8. DATE OF BIRTH 21 May 1899
11. BIRTHPLACE (State or foreign country) Maryland		9. AGE last birthday 51 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.	
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME George E. Fisher	
14. MOTHER'S MAIDEN NAME Catherine Stottlemeyer		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. ?		17. INFORMANT AND ADDRESS Mrs. Julia C. Fisher, 705 Maxwell Ave., Frederick, Md.	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a)

Pulmonary thrombosis

INTERVAL BETWEEN ONSET AND DEATH

1 1/2 hrs.

Antecedent cause(s)

(b)

*Undulant fever**6 weeks*

Disease or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☒

21. ACCIDENT (Specify) SUICIDE HOMICIDE	PLACE (Home, farm, factory, street, OF office hldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from *March 20, 1947*, to *April 26, 1951*, that I last saw the deceased alive on *April 25, 1947*, and that death occurred at *7:15 A* m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL OR CREMATION REMOVAL (Specify) Burial	DATE THEREOF 28 April 1951	NAME OF CEMETERY OR CREMATORY Frederick Memorial Park	LOCATION (City, town, or county) Frederick, Maryland	(State)
DATE REC'D BY LOCAL REG. 27 April 1951	REGISTRAR'S SIGNATURE <i>Elizabeth S. Heck</i>	24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Md.		

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A13

625516

RECEIVED
APR 30 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

3748

Reg. Dist. No. 131

1. PLACE OF DEATH COUNTY Frederick MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and OR give nearest town) Frederick		CITY (If outside corporate limits, write RURAL and give nearest town) Frederick	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Home for the Aged		STREET ADDRESS (If rural, give location) 115 Record Street	
3. NAME OF DECEASED (Type or Print)	(First) LAURA (Middle) WILLARD (Last) FISHER	4. DATE OF DEATH	(Month) April (Day) 29 (Year) 1951
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED	8. DATE OF BIRTH January 14, 1876
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	9. AGE last birthday 75 yrs.
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Ezra Willard		14. MOTHER'S MAIDEN NAME Laura Biser	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT AND ADDRESS Records at the Home for the Aged, Frederick,			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) Cerebral Hemorrhage

INTERVAL BETWEEN ONSET AND DEATH

1 hour

Antecedent cause(s)

(b) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

Cephalitis

48 hrs

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☒

21. ACCIDENT (Specify) SUICIDE HOMICIDE	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 27 Apr., 1951, to 29 Apr., 1951, that I last saw the deceased alive on 29 Apr., 1951, and that death occurred at 6:15 P.M., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF May 1, 1951	NAME OF CEMETERY OR CREMATORY Monocacy Cemetery	LOCATION (City, town, or county) Beallsville, Maryland	(State)
DATE REC'D BY LOCAL REG. 1-May, 1951	REGISTRAR'S SIGNATURE Elizabeth B. Heck	24. FUNERAL DIRECTOR C. E. Cline & Son, Frederick, Maryland	ADDRESS	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED

MAY 2 1951

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

3749

CERTIFICATE OF DEATH

Reg. Dist. No. 144

1. PLACE OF DEATH- COUNTY <i>Frederick</i> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <i>Maryland</i> COUNTY <i>Frederick</i>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <i>Thurmont - rural</i>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <i>Thurmont - rural</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (First) <i>SARAH</i> (Middle) <i>CATHERINE</i> (Last) <i>FOGLE</i>		4. DATE OF DEATH (Month) <i>April</i> (Day) <i>8</i> (Year) <i>1951</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>July 8, 1868</i>
9. AGE last birthday <i>83</i> yrs.		10. If under 1 year: Months <i>0</i> Days <i>0</i> Hours <i>0</i> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>home</i>	
11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>George Jacob Steiner</i>		14. MOTHER'S MAIDEN NAME <i>Hannah Hagaman Steiner</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT AND ADDRESS <i>Mrs. Jennie Morningstar Thurmont, Md.</i>			
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) <i>Cerebral Thrombosis</i>			<i>2 days</i>
Antecedent cause(s) (b) <i>Cerebral Arteriosclerosis</i>			<i>1 year</i>
(c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>no</i>			
19a. DATE OF OPERATION <i>no</i>		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>			
21. ACCIDENT SUICIDE HOMICIDE (Specify) <i>no</i>		PLACE (Home, farm, factory, street, OF office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	
HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>July 15, 1950</i> , to <i>April 4, 1951</i> , that I last saw the deceased alive on <i>April 4, 1951</i> , and that death occurred at <i>1 p.m.</i> , from the causes and on the date stated above.			
SIGNATURE <i>James T. Gray M.D.</i>		DATE SIGNED <i>Apr. 9-1951</i>	
23. BURIAL CREMATION REMOVAL (Specify) <i>Burial</i>		DATA THEREOF <i>Apr. 11, 1951</i>	
NAME OF CEMETERY OR CREMATORY <i>Utica Cemetery</i>		LOCATION (City, town, or county) <i>Utica Md.</i>	
DATE REC'D BY LOCAL REG. <i>Apr. 11 1951</i>		REGISTRAR'S SIGNATURE <i>Blanche S. Eyles</i>	
24. FUNERAL DIRECTOR <i>M. L. Creager & Son</i>		ADDRESS <i>Thurmont, Md.</i>	

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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APR 16 1951

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 134

3750

1. PLACE OF DEATH: COUNTY <u>Frederick</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <u>MD</u> COUNTY <u>Frederick</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Rural Thurmont</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Rural Thurmont</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) <u>John Calvin Franklin</u>		4. DATE OF DEATH (Month) <u>April</u> (Day) <u>30</u> (Year) <u>1951</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Dec. 20 - 1906</u>
9. AGE last birthday <u>44</u> yrs.		10. KIND OF BUSINESS OR INDUSTRY <u>Electrician</u>	
11. BIRTHPLACE (State or foreign country) <u>MD</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>John M. Franklin</u>		14. MOTHER'S MAIDEN NAME <u>Margaret E Fox</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give war or dates of service) <u>Mar 11</u>		16. SOCIAL SECURITY NO. <u>213-07-1252</u>	
17. INFORMANT AND ADDRESS <u>Wilson Franklin Thurmont MD</u>		18. MEDICAL CERTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
Immediate cause (a) <u>Coronary Occlusion</u>			
Antecedent cause(s) (b) <u>420.1</u> Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last <u>94a</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>			
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	
HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>April 1, 1951</u> , to <u>April 30, 1951</u> , that I last saw the deceased alive on <u>April 30, 1951</u> , and that death occurred at <u>9 P</u> m., from the causes and on the date stated above.			
SIGNATURE <u>W.R. Cadle</u>		ADDRESS <u>MD Emmittsburg Md</u>	
DATE SIGNED <u>5-1-51</u>			
23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		DATE THEREOF <u>May 3 - 51</u>	
NAME OF CEMETERY OR CREMATORY <u>Blue Ridge Cemetery</u>		LOCATION (City, town, or county) <u>Thurmont MD</u>	
DATE REC'D BY LOCAL REG. <u>May 3/51</u>		REGISTRAR'S SIGNATURE <u>W.F. Shuff</u>	
24. FUNERAL DIRECTOR <u>McKee</u>		ADDRESS <u>Thurmont</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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515246

RECEIVED
MAY 9 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

3751

1. PLACE OF DEATH - COUNTY <i>Frederick</i> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED - STATE <i>Maryland</i> COUNTY <i>Frederick</i>	
CITY (If outside corporate limits, write RURAL and give nearest town) <i>Frederick</i>		OR <i>Woodstock</i> (If outside corporate limits, write RURAL and give nearest town)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>Frederick Memorial Hospital</i>		STREET ADDRESS (If rural, give location) <i>Rural</i>	
3. NAME OF DECEASED (Type or Print)	(First) <i>Claude</i>	(Middle) <i>H.</i>	(Last) <i>Geisbert</i>
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>11/25/1880</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Owner</i>	9. AGE last birthday <i>70</i> yrs. If under 1 year Months Days Hours Min.
11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>	
13. FATHER'S NAME <i>Jonathan Geisbert</i>		14. MOTHER'S MAIDEN NAME <i>Blanche Wachter</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i> (If yes, give war or dates of service)		16. SOCIAL SECURITY No. <i>none</i>	
17. INFORMANT AND ADDRESS <i>Clara H. Geisbert, Woodstock, Md</i>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) *Chronic myocardial failure*INTERVAL BETWEEN ONSET AND DEATH *4/16x*

Antecedent cause(s)

(b) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c) *Rheumatic Heart Disease**14 years*

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

*arteriosclerosis, generalized**15 years*

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from *30 June, 1959*, to *6 Apr 51*, that I last saw the deceased alive on *6 Apr 51*, and that death occurred at *9:00 A.M.*, from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
<i>burial</i>	<i>4/19/51</i>	<i>St. John's</i>	<i>Woodstock, Md.</i>	
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS	
<i>all 7/1/1951</i>	<i>Elizabeth B. Heik</i>	<i>Paul H. Harper</i>	<i>100105 Libertytown Woodstock, Md</i>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 1 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 134

3752

1. PLACE OF DEATH- COUNTY <u>Frederick</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>St. Joseph's Central House</u> COUNTY <u>Frederick</u>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) <u>Emmitsburg</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Emmitsburg, Maryland</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>St. Joseph's Central House</u>		STREET ADDRESS (If rural, give location) <u>See NOTE over</u>	
3. NAME OF DECEASED (Type or Print)	(First) <u>Catherine</u>	(Middle)	(Last) <u>Gillera</u>
4. DATE OF DEATH	(Month) <u>4</u>	(Day) <u>22</u>	(Year) <u>19 51</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Sister of</u>	8. DATE OF BIRTH <u>12/15/76</u>
9. AGE last birthday <u>74</u> yrs.		10. Usual Occupation (Give kind of work done during most of working life, even if retired) <u>Care of children or the sick</u>	
11. BIRTHPLACE (State or foreign country) <u>Baltimore, Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Michael Gillera</u>		14. MOTHER'S MAIDEN NAME <u>Mary Corcoran</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>NONE</u>	
17. INFORMANT AND ADDRESS <u>Sister Assistant Emmitsburg Md</u>			
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) <u>myocardial degeneration - cardiac decompensation</u>			<u>3 mo</u>
Antecedent cause(s) (b) <u>arteriosclerotic cardiovascular disease - several years</u>			
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
21. ACCIDENT (Specify) <u>SUICIDE</u>		PLACE (Home, farm, factory, street, OF office bldg., etc.) <u>INJURY</u>	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	
HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>April 15, 1951</u> , to <u>April 22, 1951</u> , that I last saw the deceased alive on <u>April 21, 1951</u> , and that death occurred at <u>2 A</u> m., from the causes and on the date stated above.			
SIGNATURE <u>W.R. Cadle</u>		ADDRESS <u>Emmitsburg Md</u>	
DATE SIGNED <u>4-23-51</u>			
23. BURIAL CREMATION-REMOVAL (Specify) <u>4/24/51</u>		NAME OF CEMETERY OR CREMATORY <u>St. Joseph's (Private)</u>	
LOCATION (City, town, or county) <u>Emmitsburg, Md.</u>		(State)	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>April 23/51 M.F. Shuff</u>		24. FUNERAL DIRECTOR <u>S.L. Allison Emmitsburg Md</u>	
ADDRESS <u>781826</u>			

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

NOTE Although St. Joseph's Central House, Emmitsburg, is the usual home of every Sister of Charity, Sister Vincentia had been at one of our Missions,- the Soldiers Home, Washington,-for some years, helping out, and came back home just two weeks ago.

RECEIVED

MAY 1 1951

BUREAU V. SS.

MARYLAND STATE DEPARTMENT OF HEALTH

3753

Item 9 on:

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 131

FILE No. G 132 APR 23 1951

1. PLACE OF DEATH COUNTY Frederick		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Delaware COUNTY	
CITY (If outside corporate limits, write RURAL and give nearest town) Frederick		CITY (If outside corporate limits, write RURAL and give nearest town) Wilmington	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital		STREET ADDRESS (If rural, give location) 101 Termanal Avenue	
3. NAME OF DECEASED (First) (Middle) (Last) PAUL CLINTON GOUGH		4. DATE OF DEATH (Month) (Day) (Year) 4 17 1951	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 8 Jan 1910
9. AGE last birthday 42 1/2 yrs.		10. If under 1 year Months Days Hours Min. 4 17 1951	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist		10b. KIND OF BUSINESS OR INDUSTRY Automobile	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Philip Gough		14. MOTHER'S MAIDEN NAME Emma Murphy	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY No. 190-07-2195	
17. INFORMANT AND ADDRESS Richard L. Gough,		4 Spruce Ave., Wilmington, Del.	

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Toxemia		2 days
Antecedent cause(s) (b) crisis of leucis		1 yr.?
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)		

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION
21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY
TIME (Month) (Day) (Year) (Hour) OF DEATH 4-17-51 1:20P m.	INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>
HOW DID INJURY OCCUR?	

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE **R. W. Barn** Deputy Medical Examiner, Frederick, Maryland 17 April 1951
(Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION OR REMOVAL (Specify) Removal	DATE THEREOF 18 April 1951	NAME OF CEMETERY OR CREMATORY Clarksburg, West Virginia	LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG. 18 April 1951	REGISTRAR'S SIGNATURE Eligible B. Heck	24. FUNERAL DIRECTOR ADDRESS M. R. Etchison & Son, Frederick, Maryland	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

544 816

RECEIVED
SEP 9 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

3754

1. PLACE OF DEATH- COUNTY Frederick MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and give nearest town) Frederick-Rural RD#4		CITY (If outside corporate limits, write RURAL and give nearest town) Frederick-Rural RD#4	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sunnyside		STREET ADDRESS Sunnyside (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) MARY (Middle) BANOR (Last) HALL	4. DATE OF DEATH	(Month) 4 (Day) 6 (Year) 1951
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 1 Jan 1861
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-work		10b. KIND OF BUSINESS OR INDUSTRY At Home	9. AGE last birthday 90 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
11. BIRTHPLACE (State or foreign country) Virginia		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME James Jackson		14. MOTHER'S MAIDEN NAME Laura Snowden	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. None	
17. INFORMANT AND ADDRESS J. Glenn Hall, RD#4, Frederick, Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

420.0 Immediate cause (a) Arteriosclerotic heart disease, decompensated
 Antecedent cause(s) (b) 93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 4/3, 1951, to 4/6, 1951, that I last saw the deceased alive on 4/5, 1951, and that death occurred at 8:45 P.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION, or other (Specify) Burial	DATE THEREOF 10 April 1951	NAME OF CEMETERY OR CREMATORY Colored Cemetery	LOCATION (City, town, or county) (State) Point of Rocks, Maryland
DATE REC'D BY LOCAL REG. 20 April 1951	REGISTRAR'S SIGNATURE Elizabeth B. Hech	24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Md.	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16



MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
 FOR MEDICAL EXAMINERS

3755

Reg. Dist. No. 131

1. PLACE OF DEATH- COUNTY <u>Frederick</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Rural, Hansonville</u> OR TOWN HOSPITAL OR INSTITUTION OR STREET ADDRESS		MARYLAND LENGTH OF STAY (In this place) <u>30 yrs.</u>		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Md.</u> COUNTY <u>Frederick</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Rural, Mr. Hansonville</u> OR TOWN STREET ADDRESS (If rural give location)	
3. NAME OF DECEASED (Type or Print) <u>ALLEN</u>		(First) (Middle) (Last) <u>HARPER Jr.</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 22 1951</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>April 7 1880</u>	9. AGE last birthday <u>71</u> yrs.	If under 1 year Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Painter + Decorator</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Business</u>		11. BIRTHPLACE (State or foreign country) <u>Md.</u>	
13. FATHER'S NAME <u>Richard K. Harper</u>			14. MOTHER'S MAIDEN NAME <u>Phoebe Ann Craver</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>-</u>		17. INFORMANT <u>Allen Harper, Jr.</u>	
18. MEDICAL CERTIFICATION					
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH					INTERVAL BETWEEN ONSET AND DEATH
(a) Immediate cause <u>Acute pulmonary edema</u>					(1 hr)?
(b) Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last <u>Arterio-sclerotic (?) heart disease</u>					?
(c)					
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		PLACE (Home, farm, factory, street, or office bldg., etc.) OF INJURY		(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) <u>Death of INJURY 4-23-1951 3:30 PM</u>		INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> Inspection <input checked="" type="checkbox"/> Inquiry <input checked="" type="checkbox"/> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> .					
SIGNATURE <u>Charles A. Corley, M.D.</u>		(Degree or title) <u>Med. Ex.</u>		DATE SIGNED <u>Frederick, Maryland 4/22/51</u>	
23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		DATE THEREOF <u>April 26, 1951</u>		NAME OF CEMETERY OR CREMATORY <u>Utica</u>	
LOCATION (City, town, or county) (State) <u>Mr. Lewistown Md.</u>		24. FUNERAL DIRECTOR <u>G.C. Barton, Walkersville, Md.</u>			
DATE REC'D BY LOCAL REG. <u>25 April 1951</u>		REGISTRAR'S SIGNATURE <u>Elizabeth G. Heik</u>			

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

564246

RECEIVED

APR 23 1951

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

3756

1. PLACE OF DEATH COUNTY Frederick MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and give nearest town) Frederick		CITY (If outside corporate limits, write RURAL and give nearest town) Frederick	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 364 Madison Street		STREET ADDRESS (If rural, give location) 364 Madison Street	
3. NAME OF DECEASED (Type or Print)	(First) WILLIAM (Middle) DAVID (Last) HARRIS	4. DATE OF DEATH (Month) 4 (Day) 27 (Year) 1951	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH 12 Jan 1872
9. AGE last birthday 79 yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired - R.R. Employee	
11. BIRTHPLACE (State or foreign country) Ohio		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME John Harris		14. MOTHER'S MAIDEN NAME Lucinda Main	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY No. None	
17. INFORMANT AND ADDRESS Harvey I. Harris, 364 Madison St., Frederick, Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) *Angina Pectoris*Antecedent cause(s) (b) *Cardiac*

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

11. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY m.

INJURY OCCURRED While at Work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/25/51, 1951, to 4/26/51, 1951, that I last saw the deceased alive on 4/26, 1951, and that death occurred at 4:15 P.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

Ulysses S. Crume M. D.

Frederick, Maryland

28 April 1951

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

30 April 1951

Elizabeth B. Hedd

M. R. Etchison & Son, Frederick, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-5

681506

RECEIVED

MAY 1 1951

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

3757

Reg. Dist. No. 141

1. PLACE OF DEATH COUNTY <u>Frederick</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Brunswick</u> TOWN <u>Brunswick</u> HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>114 Central Ave</u>		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Fred.</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Brunswick</u> TOWN <u>Brunswick</u> STREET ADDRESS (If rural, give location) <u>114 Central Ave</u>	
3. NAME OF DECEASED (Type or Print) <u>Emma</u> (First) <u>Francis</u> (Middle) <u>Hite</u> (Last)		4. DATE OF DEATH <u>April</u> (Month) <u>9</u> (Day) <u>1951</u> (Year)	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>12-13-1871</u>
9. AGE last birthday <u>79</u> yrs.		10. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>House wife</u>	
11. BIRTHPLACE (State or foreign country) <u>West Virginia</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Daniel Cross</u>		14. MOTHER'S MAIDEN NAME <u>Mary Newbaugh</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY No. <u>—</u>	
17. INFORMANT AND ADDRESS <u>John D. Hite Brunswick Md.</u>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(a) Cerebral hemorrhage
(b) Advanced generalized arteriosclerosis
(c) Senility

INTERVAL BETWEEN ONSET AND DEATH

5 days
year

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Jan., 1951, to 4-9-1951, that I last saw the deceased

alive on 4-9-1951, and that death occurred at 8:30 A.M., from the causes and on the date stated above.

SIGNATURE [Signature] (Degree or title) MD ADDRESS Brunswick, Md DATE SIGNED 4-10-51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
<u>Burial</u>	<u>4-11-51</u>	<u>Hedgesville</u>	<u>Hedgesville</u>	<u>West Virginia</u>
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS		
<u>April 10-51</u>	<u>Kathryn N. Brown</u>	<u>C. A. Felt 418 Brunswick Md.</u>		

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED

FEB 18 1951

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 140

37587

1. PLACE OF DEATH: COUNTY <u>Frederick</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Se Gore</u> TOWN <u>Se Gore</u> HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>-</u>		MARYLAND LENGTH OF STAY (in this place) <u>Life</u>		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <u>Md</u> COUNTY <u>Frederick</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Se Gore</u> TOWN <u>Se Gore</u> STREET ADDRESS <u>-</u> (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month) (Day) (Year)
<u>SAMUEL</u>	<u>LEE</u>	<u>HORNER</u>		<u>April</u>	<u>20</u> 19 <u>51</u>
5. SEX <u>m</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>-</u>	8. DATE OF BIRTH <u>3-16-49</u>	9. AGE last birthday <u>2</u> yrs.	If under 1 year Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>-</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13. FATHER'S NAME <u>Leroy J. Horner</u>			14. MOTHER'S MAIDEN NAME <u>Kathryn Chipley</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>-</u>		16. SOCIAL SECURITY No. <u>-</u>	17. INFORMANT <u>Leroy J. Horner</u>		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) Cortical atrophy due to (b)

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Influenzal meningitis

(c)

INTERVAL BETWEEN ONSET AND DEATH

1 1/2 years1 1/2 yearsII. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☐
(STATE)

21. ACCIDENT (Specify) SUICIDE HOMICIDE PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN)

(COUNTY)

TIME (Month) (Day) (Year) (Hour) OF INJURY m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 15 March 1949, to 20 April 1951, that I last saw the deceasedalive on 20 April, 1951, and that death occurred at 8 P m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS

Burial April 23, 1951 Oak Hill Cemetery Se Gore Md
Apr 21, 1951 L. E. Powell H. C. Barton, Walkersville, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 24 1951
BUREAU V. S.

RECEIVED

APR 24 1951

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 134

1. PLACE OF DEATH- COUNTY Frederick MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Emmitsburg		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Emmitsburg	
HOSPITAL OR INSTITUTION OR STREET ADDRESS St. Joseph's Central House		STREET ADDRESS (If rural, give location) St. Joseph's Central House	
3. NAME OF DECEASED (Type or Print)	(First) Zelime	(Middle) Catherine	(Last) Janvier (Sr. Clair)
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Sister of	8. DATE OF BIRTH Charity 4/5/66
9. AGE last birthday 85 yrs.		10. a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Office work and translating	10. b. Kind of Business or Industry Religious
11. BIRTHPLACE (State or foreign country) New Orleans, La.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Charles Albert Janvier		14. MOTHER'S MAIDEN NAME Zelime Coiron	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY No. None	
17. INFORMANT AND ADDRESS Sister Rosa, Assistant			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) Heart block

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) arteriosclerotic cardiovascular Disease several years

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

21. ACCIDENT SUICIDE HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

20. AUTOPSY?

Yes ☐ No ☐

22. I hereby certify that I attended the deceased from June 1950, to April 7, 1951, that I last saw the deceased

alive on April 6, 1951, and that death occurred at 2:30 A.M., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

April 8 - 1951 M. F. Shuff

S. L. Allison Emmitsburg, Md.

099896

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED

APR 12 1951

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH - COUNTY FREDERICK MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED - STATE MARYLAND COUNTY FREDERICK	
CITY (If outside corporate limits, write RURAL and give nearest town) FREDERICK		CITY (If outside corporate limits, write RURAL and give nearest town) BOYDS	
HOSPITAL OR INSTITUTION OR STREET ADDRESS FRED. MEMORIAL HOSPITAL		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) ELLA	(Middle) MARTHA	(Last) KEITH
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 3-20-82
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY Own Home	9. AGE last birthday 69 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
13. FATHER'S NAME John Keisler		14. MOTHER'S MAIDEN NAME Infanta Ritchie	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. no	
17. INFORMANT AND ADDRESS Miss Pearl J. Ward Boyds Mt		12. CITIZEN OF WHAT COUNTRY? USA	

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause (a) Myocardial Insufficiency		
Antecedent cause(s) (b) Arteriosclerotic Heart Disease		
Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Carcinoma of stomach ?		
II. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **APRIL 22, 1951**, to **APRIL 24, 1951** that I last saw the deceased alive on **APRIL 24, 1951**, and that death occurred at **1:00 A.M.**, from the causes and on the date stated above.

SIGNATURE **A. A. Pearce, M.D., Frederick Md.** ADDRESS DATE SIGNED

23. BURIAL, CREMATION REMOVAL, (Specify) Burial	DATE THEREOF April 29, 1951	NAME OF CEMETERY OR CREMATORY Hyattstown	LOCATION (City, town, or county) (State) Hyattstown Maryland
DATE REC'D BY LOCAL REG. 22 April 1951	REGISTRAR'S SIGNATURE Elizabeth G. Heck	24. FUNERAL DIRECTOR Roy W Barber, Laytonville, Md.	ADDRESS Po Francis H Barber

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

APR 30 1951

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
 FOR MEDICAL EXAMINERS

3761

Reg. Dist. No. 131

1. PLACE OF DEATH- COUNTY Frederick MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and give nearest town) Frederick-Rural RD#5		CITY (If outside corporate limits, write RURAL and give nearest town) Frederick	
HOSPITAL OR INSTITUTION OR STREET ADDRESS West Fourth Exdt.		STREET ADDRESS (If rural, give location) 101 Jefferson Street	
3. NAME OF DECEASED (Type or Print)	(First) MILLARD	(Middle) FILMORE	(Last) LEATHER, JR.
4. DATE OF DEATH	(Month) 4	(Day) 30	(Year) 1951
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED? (Specify) Single	8. DATE OF BIRTH 23 Sept 1893
9. AGE last birthday 57 yrs.		10. UNDER 1 year Months Days 0 0 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Millard F. Leather		14. MOTHER'S MAIDEN NAME Hattie Tabler	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY No. None	
17. INFORMANT AND ADDRESS Merle W. Leather, 5 Mt. Olivet Blvd., Frederick, Md.			

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
(a) Immediate cause Fracture of skull, internal		2 1/2 hrs
(b) Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last injury, shock		
(c) OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	PLACE (Home, farm, factory, street, or office bldg.) W 4th Exdt.	(CITY OR TOWN) Frederick (COUNTY) Frederick (STATE) Md.
TIME (Month) (Day) (Year) (Hour) OF INJURY 4-28-51 8 P. m.	INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>	HOW DID INJURY OCCUR? by auto.

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE **P. W. Bar** Deputy Medical Examiner, Frederick, Md. DATE SIGNED **May 1951**

23. BURIAL, CREMATION OR OTHER DISPOSAL (Specify) Burial	DATE THEREOF 3 May 1951	NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery	LOCATION (City, town, or county) (State) Frederick, Maryland
DATE REC'D BY LOCAL REG. 1-May 1951	REGISTRAR'S SIGNATURE Elizabeth H. Hook	24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A1

RECEIVED
MAY 2 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

3762

1. PLACE OF DEATH COUNTY Frederick		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and give nearest town) Frederick		CITY (If outside corporate limits, write RURAL and give nearest town) Frederick	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 600 Fairview Avenue		STREET ADDRESS (If rural, give location) 600 Fairview Avenue	
3. NAME OF DECEASED (Type or Print)	(First) EDWARD	(Middle) MILLER	(Last) MANTZ
4. DATE OF DEATH	(Month) 4	(Day) 20	(Year) 19 51
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 17 March 1889
9. AGE last birthday 62 yrs.		10. If under 1 year: Months 4 Days 20 Hours 19 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired - Supt. of Railroads		10b. KIND OF BUSINESS OR INDUSTRY Railroad Co.	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME William E. Mantz		14. MOTHER'S MAIDEN NAME Mollie Schaeffer	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, and, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY No. ?	
17. INFORMANT AND ADDRESS Mrs. Nellie H. Mantz, 600 Fairview Ave., Frederick, Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) **Hypertension**

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause, stating the underlying cause last

(b) **Hemiplegia**(c) **Lobar Pneumonia**

INTERVAL BETWEEN ONSET AND DEATH

10 years**1 year****2 days**

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☒

21. ACCIDENT (Specify) SUICIDE	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **May 7, 1948**, to **April 26, 1951**, that I last saw the deceased alive on **April 20, 1951**, and that death occurred at **2:45 P.m.**, from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

H. Lawrence Gehring**M. D.****Frederick, Maryland****21 April 1951**

23. BURIAL, CREMATION, or other disposal (Specify) Burial	DATE THEREOF 22 April 1951	NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery	LOCATION (City, town, or county) Frederick, Maryland	(State)
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DATE REC'D BY LOCAL REG. 22 April 1951	REGISTRAR'S SIGNATURE Elizabeth G. Heck	24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland	ADDRESS
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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

290506

RECEIVED

APR 24 1951

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

3763

1. PLACE OF DEATH- COUNTY Frederick MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland COUNTY Fred.	
CITY (If outside corporate limits, write RURAL and give nearest town) Frederick		CITY (If outside corporate limits, write RURAL and give nearest town) Frederick	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hosp.		STREET ADDRESS (If rural, give location) 302 Middle Street	
3. NAME OF DECEASED (Type or Print)	(First) Hattie	(Middle) Louise	(Last) Marshall
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH July 3, 1884
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cook		10b. KIND OF BUSINESS OR INDUSTRY *****	9. AGE last birthday 67 yrs. If under 1 year If under 24 hrs. Months Days Hours Min.
13. FATHER'S NAME Phillip Marshall		11. BIRTHPLACE (State or foreign country) Georgia	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		14. MOTHER'S MAIDEN NAME Mary J. Thomas	
16. SOCIAL SECURITY No. 213-12-7594		17. INFORMANT AND ADDRESS Lillian Thompson 122 All Saint St.	

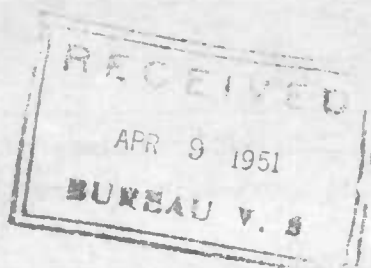
18. MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
Immediate cause (a) Pneumonia Lobae			
Antecedent cause(s) (b) 108			10da
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)			
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>			
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Apr 26, 1951 , to Apr 2, 1951 , that I last saw the deceased alive on Apr 2, 1951 , and that death occurred at 1 P m., from the causes and on the date stated above.			
SIGNATURE EP Thomas		ADDRESS Frederick DATE SIGNED Cled Apr 5-51	
23. BURIAL CREMATION REMOVAL (Specify)	DATE April 6, 1951	NAME OF CEMETERY OR CREMATORY Fairview	LOCATION (City, town, or county) (State) Frederick, Maryland
DATE REC'D BY LOCAL REG. 6 April 1951	REGISTRAR'S SIGNATURE Elizabeth G. Heck	24. FUNERAL DIRECTOR ADDRESS Charles E. Hicks III Frederick, Md.	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

vs. A15

75400W



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

3764

1. PLACE OF DEATH: COUNTY <u>Frederick</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <u>Md.</u> COUNTY <u>Frederick</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Frederick</u>		OR TOWN <u>Rural, M. Woodboro</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Critchley Nursing Home</u>		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (First) <u>HAZEL</u> (Middle) <u>MARIE</u> (Last) <u>MEHLING</u>		4. DATE OF DEATH (Month) <u>April</u> (Day) <u>16</u> (Year) <u>1951</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>April 15, 1898</u>
9. AGE last birthday <u>53</u> yrs.		10. UNDER 1 year 11. UNDER 24 hrs. 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Edward L. Fogle</u>		14. MOTHER'S MAIDEN NAME <u>Jennie Keeney</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY No. <u>-</u>	
17. INFORMANT <u>Mrs. Marlin Shriner</u>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

331X

Antecedent cause(s)

83a

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(a) Epilipsey, Cerebral Hemorrhage
 (b) Cerebral Hemorrhage
 (c) -

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

21. ACCIDENT (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
SUICIDE	INJURY			(STATE)
HOMICIDE				
TIME (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		
OF INJURY	m.			

22. I hereby certify that I attended the deceased from April 15, 1951, to April 16, 1951, that I last saw the deceased alive on April 15, 1951, and that death occurred at 3:45 m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
<u>Burial</u>	<u>April 18, 1951</u>	<u>Rocky Hill</u>	<u>M. Woodboro</u>	<u>Md.</u>
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS	
<u>17 April 1951</u>	<u>Elizabeth G. Heck</u>	<u>J. C. Barton, Walkersville, Md.</u>		

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

APR 15 1951

107A

107B

107C

RECEIVED

APR 15 1951

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

3765

1. PLACE OF DEATH- COUNTY Frederick MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Frederick-Rural RD#5		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Frederick-Rural RD#5	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Emergency Hospital		STREET ADDRESS (If rural, give location) Montevue	
3. NAME OF DECEASED (Type or Print)	(First) JENNIE (Middle) L. (Last) MOBERLY	4. DATE OF DEATH (Month) 4 (Day) 2 (Year) 1951	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH 17 Oct 1870
9. AGE last birthday 80 yrs.		10. If under 1 year Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Lewis H. Moberly		14. MOTHER'S MAIDEN NAME Catherine V. Shriner	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY No. None	
17. INFORMANT AND ADDRESS R. C. Moberly		7403 Hopkins Ave., College Park, Md.	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a)

Cerebral Hemorrhage

INTERVAL BETWEEN ONSET AND DEATH

1 hour

Antecedent cause(s)

(b)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

Hypertensive Cardio-vascular disease

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1, 1951, to April 2, 1951, that I last saw the deceased

alive on April 1, 1951, and that death occurred at 6:30 A.M., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

Bernard J. Moberly M.D.

Frederick, Maryland

3 April 1951

23. BURIAL CREMATION REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

3 April 1951

Elizabeth G. Hecker

M. R. Etchison & Son, Frederick, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-5

RECEIVED
APR 5 1958
BUREAU Y. B.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 134

3766

1. PLACE OF DEATH- COUNTY <i>Fredrick</i> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <i>Maryland</i> COUNTY <i>Fredrick</i>	
CITY (If outside corporate limits, write RURAL and give nearest town) <i>rural - Rocky Ridge</i>		CITY (If outside corporate limits, write RURAL and give nearest town) <i>Legare</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) <i>CLARA</i>	(Middle) <i>A.</i>	(Last) <i>MOSEIR</i>
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>Aug. 23, 1877</i>
9. AGE last birthday <i>73 yrs.</i>		4. DATE OF DEATH (Month) <i>April</i> (Day) <i>8</i> (Year) <i>1951</i>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Amusement, retired</i>
11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A</i>	
13. FATHER'S NAME <i>George W. Pittenger</i>		14. MOTHER'S MAIDEN NAME <i>Catherine E. Gangle</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO.	
17. INFORMANT AND ADDRESS <i>Harvey Pittenger, Rocky Ridge, Md</i>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

4214

92d

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(a) *Heart disease, chronic valvular*(b) *Bronchopneumonia, weakness following*

(c)

INTERVAL BETWEEN ONSET AND DEATH

*1 year**3 weeks*

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. *no*

19a. DATE OF OPERATION

no

19b. MAJOR FINDINGS OF OPERATION

21. ACCIDENT SUICIDE HOMICIDE

(Specify) *no*

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN)

(COUNTY)

20. AUTOPSY?

Yes ☐ No ☐

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Nov. 15, 1949*, to *Apr. 5, 1951*, that I last saw the deceasedalive on *Apr. 5, 1951*, and that death occurred at *2 p.m.*, from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL CREMATION REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

*April 10 - 1951 Mr. F. Shoff**M. L. Cramer, Son, Thurmont, Md.*

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED

APR 12 1951

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

3767

1. PLACE OF DEATH- COUNTY <u>Frederick</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Md.</u> COUNTY <u>Frederick</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Frederick</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Middleton</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Frederick Memorial Hospital</u>		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) <u>Charles</u> (Middle) <u>E.</u> (Last) <u>Mumford</u>	4. DATE OF DEATH	(Month) <u>April</u> (Day) <u>6</u> (Year) <u>1951</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 28 1874</u> 9. AGE last birthday <u>74</u> yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>proprietor, ret.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>retail grocery store</u>	
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13. FATHER'S NAME <u>Richard Mumford</u>		14. MOTHER'S MAIDEN NAME <u>Susan Brown</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT AND ADDRESS <u>Mr. Annie Mumford, Middleton Md.</u>			

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a)

Coronary Occlusion

Antecedent cause(s)

(b)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

INTERVAL BETWEEN ONSET AND DEATH

7 hrs

11. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb, 1951, to 4-6, 1951, that I last saw the deceased

alive on 4-6, 1951, and that death occurred at 8:45 P m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

9 April, 1951

Elizabeth S. Hark

Bladwell G. Middleton Md.

290636

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 11 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

3768

1. PLACE OF DEATH- COUNTY Frederick MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland COUNTY Fred.	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Rural Lime Kiln Md.		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Rural Lime Kiln Md.	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Lime Kiln		STREET ADDRESS Lime Kiln	
3. NAME OF DECEASED (Type or Print) John (First) Only (Middle) (Last)		4. DATE OF DEATH April 10, 1951 (Month) (Day) (Year)	
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed	8. DATE OF BIRTH Dec. 23, 1887
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer Brick Yard		10b. KIND OF BUSINESS OR INDUSTRY *****	9. AGE last birthday 64 yrs. If under 1 year (Months) Days Hours Min.
11. BIRTHPLACE (State or foreign country) Barnesville, Maryland		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME James F. Only		14. MOTHER'S MAIDEN NAME Henny Ambush	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)		16. SOCIAL SECURITY No. 2I9-20-46I7A	
17. INFORMANT AND ADDRESS Hattie Only 2912 O. Street N.W. Wash. Dc.			

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		18. MEDICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH ?
Immediate cause (a) Cardia Valvular Lesion			
Antecedent cause(s) (b) ?			
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) ?			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>	
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY		(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>		HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **Apr 7th, 1951**, to **Apr 10th, 1951**, that I last saw the deceased alive on **Apr 9th, 1951**, and that death occurred at **6 P** m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

Dr. M. G. Brown, Jr.**The Lanier, Md.****Apr 12/51**

23. BURIAL CREMATION (Specify) Burial		DATE April 12, 1951	NAME OF CEMETERY OR CREMATORY Hyattstown	LOCATION (City, town, or county) Hyattstown, Maryland
DATE REC'D BY LOCAL REG. 12 April 1951		REGISTRAR'S SIGNATURE Elizabeth G. Hede		24. FUNERAL DIRECTOR ADDRESS Charles E. Hicks III Frederick, Md.

690 318

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED

APR 12 1951

BUREAU W. S.

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

3769

Reg. Dist. No. 131

1. PLACE OF DEATH COUNTY <u>Frederick</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Frederick</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Frederick</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Frederick</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Frederick Memorial Hospital</u>		STREET ADDRESS (If rural, give location) <u>22 West South Street</u>	
3. NAME OF DECEASED (Type or Print)	(First) <u>HARRY</u>	(Middle) <u>L. B.</u>	(Last) <u>PHEBUS</u>
4. DATE OF DEATH	(Month) <u>April</u>	(Day) <u>4</u>	(Year) <u>1951</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Sept. 23, 1890</u>
9. AGE last birthday <u>60 yrs.</u>		If under 1 year Months <u></u> Days <u></u>	If under 24 hrs Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Manager</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retail Chain Grocery</u>	
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Charles O. Phebus</u>		14. MOTHER'S MAIDEN NAME <u>Sarah Elizabeth Burrier</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY No. <u>138-14-5451</u>	
17. INFORMANT AND ADDRESS <u>Mrs. Charles E. Lipps, Frederick, Maryland</u>			

18. MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <u>3 hrs</u>
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
Immediate cause (a) <u>Coronary occlusion</u>			
Antecedent cause(s) (b) <u>420.1 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last</u>			
(c)			
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		PLACE (Home, farm, factory, street, office bldg., etc.) <u>Frederick, Md. Fred Mem</u> (CITY OR TOWN) <u>Frederick, Md.</u> (COUNTY) <u>Frederick</u> (STATE) <u>Md.</u>	
TIME (Month) (Day) (Year) (Hour) <u>April 4, 4-51 807 p.m.</u>		INJURY OCCURRED <u>Yes</u> HOW DID INJURY OCCUR? <u>Heart</u>	
22. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> Inspection <input checked="" type="checkbox"/> Inquiry <input checked="" type="checkbox"/> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> .			
SIGNATURE <u>SP-1 W. Baer Deputy Med. Ex.</u>		DATE SIGNED <u>4-5-51</u>	
23. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		DATE THEREOF <u>April 7, 1951</u>	
NAME OF CEMETERY OR CREMATORY <u>Mount Olivet Cemetery</u>		LOCATION (City, town, or county) <u>Frederick, Maryland</u> (State) <u>Md.</u>	
DATE REC'D BY LOCAL REG. <u>6 April, 1951</u>		24. FUNERAL DIRECTOR ADDRESS <u>C. E. Cline & Son, Frederick, Maryland</u>	

290636

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

100-100000
2-1-51

RECEIVED
APR 9 1951
BUREAU Y. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH COUNTY Frederick MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY --	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN From 6/15/42 to 4/2/51		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Baltimore	
HOSPITAL OR INSTITUTION OR STREET ADDRESS State Sanatorium		STREET ADDRESS (If rural, give location) 2817 E. Madison St.	
3. NAME OF DECEASED (Type or Print) (First) Eleanor (Middle) J. (Last) Picha		4. DATE OF DEATH (Month) April (Day) 2 (Year) 19 51	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH May 23, 1901
9. AGE last birthday 49 yrs.		10. If under 1 year Months Days Hours Mln.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME Joseph Urs		14. MOTHER'S MAIDEN NAME Mary Pozderka	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) No		16. SOCIAL SECURITY No. None	
17. INFORMANT Patient			

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause (a) Pulmonary Tuberculosis		9 years
Antecedent cause(s) (b)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. ACCIDENT (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **June 15, 1942**, to **April 2, 1951**, that I last saw the deceased alive on **April 2, 1951**, and that death occurred at **5:25 a.m.**, from the causes and on the date stated above.

SIGNATURE **J. D. Lyon, M.D.** (Degree or title) ADDRESS **State Sanatorium, Md.** DATE SIGNED **4/2/51**

23. BURIAL, CREMATION REMOVAL (Specify)	DATE 4-6-51	NAME OF CEMETERY OR CREMATORY Holy Redeemer Cem.	LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG. 4/2/51	REGISTRAR'S SIGNATURE J. D. Lyon	24. FUNERAL DIRECTOR Jerome Crach	ADDRESS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
APR 3 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 197

3771

1. PLACE OF DEATH COUNTY <u>Frederick</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Frederick</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Rural - Mt. Airy</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Rural - Mt. Airy</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) <u>Rachel</u> (First) <u>J.</u> (Middle) <u>Price</u> (Last)		4. DATE OF DEATH Month <u>April</u> Day <u>22</u> Year <u>1957</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>9-23-1868</u>
9. AGE last birthday <u>82</u> yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13. FATHER'S NAME <u>Israel Haines</u>		14. MOTHER'S MAIDEN NAME <u>SARAH ANN LONG</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY No. <u>NONE</u>	
17. INFORMANT AND ADDRESS <u>Charles W. Price, Mt. Airy, Md.</u>			
18. MEDICAL CERTIFICATION			
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) <u>Cerebral Hemorrhage</u>			<u>5 days</u>
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) <u>Arterio Sclerosis with Hypertension</u>			
(c) <u>Chronic Myocarditis with Cardiac Ascites</u>			
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
21. ACCIDENT (Specify) SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	
HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Mar</u> , 19 <u>50</u> , to <u>Apr 22</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>April 21</u> , 19 <u>57</u> , and that death occurred at <u>7</u> P.m., from the causes and on the date stated above.			
SIGNATURE <u>C. M. Van Soest</u>		DATE SIGNED <u>4/23/57</u>	
23. BURIAL, CREMATION REMOVAL (Specify) <u>BURIAL</u>		DATE THEREOF <u>4-25-1957</u>	
NAME OF CEMETERY OR CREMATORY <u>Wocust Grove</u>		LOCATION (City, town, or county) (State) <u>Frederick Co. Md.</u>	
24. FUNERAL DIRECTOR REG. <u>4-24-57</u>		ADDRESS <u>Blair G. Runkles, Winfield, Md.</u>	

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

APR 26 1961

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 144

3772

1. PLACE OF DEATH: COUNTY <i>Frederick</i> CITY (If outside corporate limits, write RURAL and OR give nearest town) <i>Thurmont</i> TOWN HOSPITAL OR INSTITUTION OR STREET ADDRESS		MARYLAND LENGTH OF STAY (in this place) <i>30 yrs.</i>		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <i>Maryland</i> COUNTY <i>Frederick</i> CITY (If outside corporate limits, write RURAL and give nearest town) <i>Thurmont</i> TOWN STREET ADDRESS (If rural, give location) <i>East Street</i>	
3. NAME OF DECEASED (Type or Print) <i>Clara (First) Sophia (Middle) Reifensider (Last)</i>		4. DATE OF DEATH <i>April 23 1951</i> (Month) (Day) (Year)		5. SEX <i>Female</i>	
6. COLOR OR RACE <i>White</i>		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <i>Married</i>		8. DATE OF BIRTH <i>Sept. 19, 1865</i>	
9. AGE last birthday <i>85 yrs.</i>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Muse</i>	
11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13. FATHER'S NAME <i>Conrad Metzgardt</i>	
14. MOTHER'S MAIDEN NAME <i>Sophia Basina Charlotte</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i>		16. SOCIAL SECURITY No.	
17. INFORMANT AND ADDRESS <i>Mrs Emma Stowe, Thurmont, Md.</i>					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a)

Cerebral hemorrhage

INTERVAL BETWEEN ONSET AND DEATH

4 hrs.

Antecedent cause(s)

(b)

*Arteriosclerosis**?*

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

*Hypertension**?*

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

*Chronic myocarditis**?*

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY m.

INJURY OCCURRED While at Work ☐ Not While At work ☒

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *April 22, 1951*, to *April 22, 1951*, that I last saw the deceasedalive on *April 22, 1951*, and that death occurred at *4 P.m.*, from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

M. Franklin Binkley, Jr. Thurmont Md April 23, 1951

23. BURIAL CREMATION REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

*Apr. 24/1951**Blanche S. Eyer**M. L. Quager & Son, Thurmont, Md.*

05800

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

APR 26 1951

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

3773

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH - COUNTY <u>Fredricks</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED - STATE <u>Maryland</u> COUNTY <u>Fredricks</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Fredricks</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>New Midway</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Fredricks Memorial Hospital</u>		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (First) <u>MATTIE</u>	(Middle) <u>MARTHA</u>	(Last) <u>RENNER</u>	4. DATE OF DEATH (Month) <u>April</u> (Day) <u>12</u> (Year) <u>1951</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov 15, 1884</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>at Home</u>	9. AGE last birthday <u>66</u> yrs. <input checked="" type="checkbox"/> under 1 year <input type="checkbox"/> under 24 hrs. Months <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Min.
11. BIRTHPLACE (State or foreign country) <u>Middleburg Carroll Co. Md.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Alexis A. Bowers</u>		14. MOTHER'S MAIDEN NAME <u>Katharine Knipple</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY No. <u>-</u>	
17. INFORMANT <u>James B. Renner</u>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) Chronic glomerular nephritis

Antecedent cause(s)

(b) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

Hypertensive cardiovascular disease
Diabetes mellitus

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

INTERVAL BETWEEN ONSET AND DEATH

?

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office hldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 1 Aug, 1949, to 12 April, 1951, that I last saw the deceasedalive on 11 April, 1951, and that death occurred at 4:45 A.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR		
<u>13 April 1951</u>	<u>Elizabeth S. Hecke</u>	<u>Powell & Hartzler</u> <u>Woodrow, Md.</u>		

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

APR 16 1951

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

3774

Reg. Dist. No. 134

1. PLACE OF DEATH COUNTY <u>Frederick</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>md</u> COUNTY <u>Carroll</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Rural Taneytown</u> LENGTH OF STAY (in this place) <u>Life time</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Rural Taneytown</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) <u>Walter</u> (First) <u>W</u> (Middle) <u>Shoemaker</u> (Last)	4. DATE OF DEATH <u>April 30</u> 19 <u>51</u>	5. SEX <u>m</u> 6. COLOR OR RACE <u>W</u>	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Sept 5, 1877</u>	9. AGE last birthday <u>73</u> yrs. If under 1 year Months Days If under 24 hours Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>GENERAL FARMING</u>	11. BIRTHPLACE (State or foreign country) <u>md</u>	
12. CITIZEN OF WHAT COUNTRY <u>USA.</u>	13. FATHER'S NAME <u>Frier Shoemaker</u>		
14. MOTHER'S MAIDEN NAME <u>Sallie Hill</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY No. <u>none</u>		17. INFORMANT AND ADDRESS <u>Mrs Walter Shoemaker Taneytown P.O.</u>	

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) <u>Coronary occlusion</u>		<u>5 min</u>
Antecedent cause(s) (b) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last		
(c)		

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	
21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		PLACE (Home, farm, factory, street, office bldg., etc.) <u>Home Farm</u>
TIME (Month) (Day) (Year) (Hour) OF DEATH <u>April 4:30:51 5:30</u>	INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	HOW DID INJURY OCCUR? <u>Small boy AFD Frederick, Md</u>

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE <u>R. W. Boer, Deputy Wd. Ex.</u>	ADDRESS <u>Fredrick Md.</u>	DATE SIGNED <u>4.30.51</u>
23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	DATE THEREOF <u>May 3:51</u>	NAME OF CEMETERY OR CREMATORY <u>Greenacres</u>
LOCATION (City, town, or county) <u>Gettysburg Pa</u>	24. FUNERAL DIRECTOR <u>Ed. Sussman</u>	ADDRESS <u>Taneytown Md</u>
DATE REC'D BY LOCAL REG. <u>May 2 = 1951</u>		

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MAY

1951

BUREAU P. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 144

3775

1. PLACE OF DEATH COUNTY <u>Fredrick</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Fredrick</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>rural - Thurmont</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Thurmont - rural</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural give location)	
3. NAME OF DECEASED (Type or Print)	(First) <u>Sanders</u>	(Middle) <u>Lee</u>	(Last) <u>Shawver</u>
4. DATE OF DEATH	(Month) <u>April</u>	(Day) <u>25</u>	(Year) <u>1951</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Unwed</u>	8. DATE OF BIRTH <u>Mar 24, 1868</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own business</u>	9. AGE last birthday <u>83</u> yrs.
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Benton Shawver</u>		14. MOTHER'S MAIDEN NAME <u>Victoria Compton</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY No.	
(If yes, give war or dates of service)		17. INFORMANT <u>Albert Shawver, Thurmont, Md.</u>	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a)

Cerebral Hemorrhage

INTERVAL BETWEEN ONSET AND DEATH

12 hrs.

Antecedent cause(s)

(b)

Arteriosclerosis

?

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

Hypertension

?

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 24, 1951, to April 25, 1951, that I last saw the deceased

alive on April 24, 1951, and that death occurred at 6:30 A.M., from the causes and on the date stated above.

SIGNATURE

M. Frank Dink

ADDRESS

Thurmont, Md. April 26, 1951

23. BURIAL CREMATION REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

Apr. 27, 1951

Monocacy Cemetery

Beallsville

Md.

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

Apr. 27, 1951

Blanchette S. Egle

M. H. Crager's Son Thurmont, Md.

510246

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

T

RECEIVED

APR 30 1951

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

3776

1. PLACE OF DEATH COUNTY Frederick		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland		COUNTY Frederick	
GIVE (If outside corporate limits, write RURAL and OR give nearest town) Lander		LENGTH OF STAY (In this place) 2 yrs.		GIVE (If outside corporate limits, write RURAL and give nearest town) OR Frederick-Rural RD#5			
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenmerrie Nursing Home				STREET ADDRESS Braddock		(If rural, give location)	
3. NAME OF DECEASED (Type or Print)		(First) HOWARD		(Middle) LUTHER		(Last) SMITH	
5. SEX Male		6. COLOR OR RACE White		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married		8. DATE OF BIRTH 18 March 1867	
						9. AGE last birthday 84 yrs. If under 1 year Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm Owner		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME George W. Smith				14. MOTHER'S MAIDEN NAME Virginia Howard			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No				16. SOCIAL SECURITY NO. None		17. INFORMANT AND ADDRESS Howard T. Smith, Buckeystown, Maryland	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a)

Coronary Thrombosis

INTERVAL BETWEEN ONSET AND DEATH

Low

Antecedent cause(s)

(b)

Arterio-sclerosis

Diseases or conditions, if any, giving rise to the above cause, stating the underlying cause last

(c)

11. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at Work ☐ Not While at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 26, 1948, to April 23, 1951, that I last saw the deceased alive on April 23, 1951, and that death occurred at 9:20 A.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION, OR OTHER DISPOSAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

24 April 1951

Elizabeth G. Heide

M. R. Etchison & Son, Frederick, Maryland

100105

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 25 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

3777

1. PLACE OF DEATH- COUNTY Frederick MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and give nearest town) Frederick		CITY (If outside corporate limits, write RURAL and give nearest town) Frederick	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 123 West South Street		STREET ADDRESS (If rural, give location) 123 West South Street	
3. NAME OF DECEASED (Type or Print)	(First) OSCAR	(Middle) FRANKLIN	(Last) SPEAK
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 11, 1880
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Restaurant Operator		10b. KIND OF BUSINESS OR INDUSTRY Own Restaurant	11. BIRTHPLACE (State or foreign country) Maryland
13. FATHER'S NAME James William Speak		14. MOTHER'S MAIDEN NAME Sarah H. Weddle	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY No. 220-16-1408	17. INFORMANT AND ADDRESS Mrs. Oscar F. Speak, Frederick, Maryland

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		18. MEDICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Chl. Cardiac Renal Vascular Disease			1 yr.
Antecedent cause(s) (b) Arterio Sclerosis			5 yr.
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
21. ACCIDENT (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)
SUICIDE HOMICIDE	INJURY		(STATE)
TIME (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?	
OF INJURY	m.		

22. I hereby certify that I attended the deceased from 12-18, 1951, to 4-29, 1951, that I last saw the deceased alive on 4-29, 1951, and that death occurred at 11:30 a.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	May 2, 1951	Mount Olivet Cemetery	Frederick, Maryland	
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS	
1-May 1951	Elizabeth S. Heck	C. E. Cline & Son,	Frederick, Maryland	

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAY 2 1942

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

3778

1. PLACE OF DEATH: COUNTY <u>Frederick</u>		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <u>Maryland</u> COUNTY <u>Frederick</u>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) <u>Frederick</u>		LENGTH OF STAY <u>30 yrs.</u> (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Frederick</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>1027 North Market Street</u>				STREET ADDRESS (If rural, give location) <u>1027 North Market Street</u>	
3. NAME OF DECEASED (Type or Print)		(First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
<u>Alice</u>		<u>Amelia</u>	<u>Staley</u>	<u>April</u>	<u>22</u> <u>1951</u>
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widow</u>		8. DATE OF BIRTH	9. AGE last birthday
<u>Female</u>	<u>White</u>			<u>Dec. 16, 1869</u>	<u>81</u> yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>		11. BIRTHPLACE (State or foreign country) <u>Maryland</u>	
13. FATHER'S NAME <u>William E. Roberts</u>		14. MOTHER'S MAIDEN NAME <u>Sarah Beall</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>(service)</u>		16. SOCIAL SECURITY No.		17. INFORMANT AND ADDRESS <u>Mrs. Lester G. Linton; 1027 North Market Street</u>	

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		<u>Cardiac Valvular Lesion</u>	
Immediate cause (a) <u>Exhaustion, Cardiac.</u>		<u>10 years</u>	
Antecedent cause(s) (b) <u>421.4</u> <u>92d</u> Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last			
(c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
21. ACCIDENT (Specify) <u>None</u>		PLACE (Home, farm, factory, street, OF office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
HOMICIDE		INJURY	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	
		HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from....., 1935, to 4-22-1951, that I last saw the deceased alive on 4-21-1951, and that death occurred at 3:00 A.M., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

Ulysses S. Boone M.D.

Frederick, Maryland

23 April 1951

23. BURIAL OR CREMATION REMOVAL (Specify) <u>Burial</u>	DATE THEREOF <u>April 24, 1951</u>	NAME OF CEMETERY OR CREMATORY <u>Mount Olivet Cemetery</u>	LOCATION (City, town, or county) <u>Frederick, Maryland</u>	(State)
DATE REC'D BY LOCAL REG. <u>24 April 1951</u>	REGISTRAR'S SIGNATURE <u>Elizabeth G. Hecla</u>	24. FUNERAL DIRECTOR <u>M.R. Etchison & Son</u>	ADDRESS <u>Frederick, Maryland</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED

APR 25 1951

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

3779

1. PLACE OF DEATH COUNTY <u>Frederick</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Frederick</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Frederick</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Mt Airy</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Frederick Memorial Hosp.</u>		STREET ADDRESS <u>Frederick Memorial Hosp.</u>	
3. NAME OF DECEASED (Type or Print)	(First) <u>Robert</u> (Middle) <u>Kemp</u> (Last) <u>Stine</u>	4. DATE OF DEATH (Month) <u>April</u> (Day) <u>9</u> (Year) <u>1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Single</u>	8. DATE OF BIRTH <u>March 28, 1951</u>
9. AGE last birthday <u>12</u> yrs. If under 1 year Months <u>12</u> Days <u>12</u> Hours <u>12</u> Min.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	
10a. <u>done during most of working life, even if retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>	
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13. FATHER'S NAME <u>Robert Lee Stine</u>		14. MOTHER'S MAIDEN NAME <u>Margaret June Rowwood</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>NONE</u>	
17. INFORMANT AND ADDRESS <u>Robert L. Stine, Mt. Airy, Md.</u>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a)

Prematurity

Antecedent cause(s)

(b)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE (Home, farm, factory, street, OF office hldg., etc.) INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 28, 1951, to April 9, 1951, that I last saw the deceasedalive on April 7, 1951, and that death occurred at 3 P.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

William B. Culwell M.D.Mt. Airy, Md.4/9/51

23. BURIAL, CREMATION R.E. (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

9 April, 1951Elizabeth Y. HecksG.M. Wertz Winfield, Md.

20-3-241-22-1-32-2

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 11 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

3780

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 131

1. PLACE OF DEATH COUNTY Frederick		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and give nearest town) Frederick		CITY (If outside corporate limits, write RURAL and give nearest town) Lewistown	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Y. M. C. A.		STREET ADDRESS Lewistown	
3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)
NEVIN	WACHTER	STULL	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 18 Feb 1897
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Employed by the Y. M. C. A.		10b. KIND OF BUSINESS OR INDUSTRY Laborer	11. BIRTHPLACE (State or foreign country) MARYLAND
13. FATHER'S NAME Fred S. Stull		14. MOTHER'S MAIDEN NAME Lillie Wachter	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY No. 212-14-8990	
17. INFORMANT AND ADDRESS Mrs. Pauline S. Stull, Lewistown, Md.			

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Drowning	5 min
Antecedent cause(s) (b) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION
21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING <input checked="" type="checkbox"/> CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) INJURY OFFICE Bldg
TIME (Month) (Day) (Year) (Hour) OF INJURY April 14 1951 4A?	INJURY OCCURRED While at work <input checked="" type="checkbox"/> Not while at work <input type="checkbox"/>
HOW DID INJURY OCCUR? Found drowned in YMCA Pool	

22. I certify that I took charge of the remains described above, held an Autopsy <input checked="" type="checkbox"/> , Inspection <input type="checkbox"/> , Inquiry <input type="checkbox"/> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .			
SIGNATURE Russell J. Fisher MD		DATE SIGNED 14 April 1951	
23. BURIAL, CREMATION, OR OTHER DISPOSAL (Specify) Burial		NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery	
DATE REC'D BY LOCAL REG. 16 April 1951		24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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970-897

RECEIVED

SEP 17 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

3781

1. PLACE OF DEATH- COUNTY <u>Frederick, Maryland</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Frederick</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Frederick</u>		CITY (If outside corporate limits, write RURAL and give nearest town) OR <u>Frederick</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>115 Record Street</u>		STREET ADDRESS (If rural, give location) <u>115 Record Street</u>	
3. NAME OF DECEASED (Type or Print)	(First) <u>Norma</u>	(Middle) <u>K.</u>	(Last) <u>Suman</u>
4. DATE OF DEATH	(Month) <u>4</u>	(Day) <u>9</u>	(Year) <u>51</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Feb 10, 1874</u>
9. AGE last birthday <u>77</u> yrs.	If under 1 year Months	If under 1 year Days	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>William H. Young</u>		14. MOTHER'S MAIDEN NAME <u>Nora Trout</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY No. <u>None</u>	
17. INFORMANT AND ADDRESS <u>Home For The Aged Records</u>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) Arterio-sclerotic heart disease

Antecedent cause(s)

(b) Congestive failure

Disease or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

INTERVAL BETWEEN ONSET AND DEATH

5 yrs. (?)4 days

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☒

21. ACCIDENT (Specify) SUICIDE HOMICIDE	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 4/5, 1951, to 4/9, 1951, that I last saw the deceased alive on 4/8, 1951, and that death occurred at 11:15 P. m., from the causes and on the date stated above.

SIGNATURE

Charles K. Conley, M.D.

ADDRESS

Frederick, Maryland 4/10/51

DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	DATE THEREOF <u>4/12/51</u>	NAME OF CEMETERY OR CREMATORY <u>Mt. Olive Cemetery</u>	LOCATION (City, town, or county) <u>Frederick, Maryland</u>
DATE REC'D BY LOCAL REG. <u>April 11, 1951</u>	REGISTRAR'S SIGNATURE <u>Elizabeth G. Hark</u>	24. FUNERAL DIRECTOR <u>M. R. Etchison & Son, Frederick, Md.</u>	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED

DEC 12 1951

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

3782

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH- COUNTY Frederick MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and OR give nearest town) Frederick		CITY (If outside corporate limits, write RURAL and give nearest town) Frederick	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital		STREET ADDRESS (If rural, give location) 112 West Patrick Street	
3. NAME OF DECEASED (Type or Print)	(First) JOHN (Middle) WILLIAM (Last) THOMAS	4. DATE OF DEATH	(Month) 4 (Day) 28 (Year) 19 51
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 11 June 1871
9. AGE last birthday 79 yrs.		10. CITIZEN OF WHAT COUNTRY? USA	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME John F. Thomas		14. MOTHER'S MAIDEN NAME Mary E. Zimmerman	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT AND ADDRESS Mrs. Addie R. Thomas, 112 W. Patrick St., Frederick, Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a)

Chronic Myocarditis

INTERVAL BETWEEN ONSET AND DEATH

2-3 yrs.

Antecedent cause(s)

(b)

Diseases or conditions, if any, giving rise to the above cause, stating the underlying cause last

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

Chronic Nephritis

Xulmonary

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE	(Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from June 19 49, to April 28 19 51, that I last saw the deceased alive on April 28 19 51, and that death occurred at 2:15 P. m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

Arthur F. Woodward

M. D.

Frederick, Maryland

30 April 1951

23. BURIAL, CREMATION, or other (Specify) Burial	DATE THEREOF 1 May 1951	NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery	LOCATION (City, town, or county) Frederick, Maryland	(State)
--	-------------------------	---	--	---------

DATE REC'D BY LOCAL REG. 30 April 1951	REGISTRAR'S SIGNATURE Elizabeth B. Neck	24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland	ADDRESS
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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 1 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 134

3783

1. PLACE OF DEATH- COUNTY <u>Frederick</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Frederick</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Emmitsburg, Md.</u> LENGTH OF STAY (in this place) <u>79 yrs.</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Emmitsburg, Md.</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>533 West Main Street</u>		STREET ADDRESS (If rural, give location) <u>533 West Main Street</u>	
3. NAME OF DECEASED (Type or Print)	(First) <u>Robert</u> (Middle) <u>Lee</u> (Last) <u>Troxell</u>	4. DATE OF DEATH (Month) <u>April</u> (Day) <u>12</u> (Year) <u>1957</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 12, 1871</u> 9. AGE last birthday <u>79</u> yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm owner (ret.)</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	11. BIRTHPLACE (State or foreign country) <u>Frederick county, Md.</u>
13. FATHER'S NAME <u>Samuel Troxell</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>none</u>	
		17. INFORMANT AND ADDRESS <u>Harry B. Troxell Emmitsburg Md.</u>	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a)

Cerebral hemorrhage

INTERVAL BETWEEN ONSET AND DEATH

4 days

Antecedent cause(s)

(b)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

Hypertensive cardiovascular disease - several years

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☒

21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

SUICIDE
HOMICIDE

INJURY

TIME (Month) (Day) (Year) (Hour) OF INJURY m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 26, 1957, to April 12, 1957, that I last saw the deceasedalive on April 12, 1957, and that death occurred at 8:30 p.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

W.R. CadleMDEmmitsburg Md4-13-57

23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)

Burial4/16/1957Elias LutheranEmmitsburg, Frederick Co. Md.

DATE RECD BY LOCAL REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

April 14/57, M.F. ShuffS.L. AllisonEmmitsburg, Md.

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

100105

RECEIVED

MAY 1 1951

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

3784

1. PLACE OF DEATH- COUNTY Frederick MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and give nearest town) Frederick		CITY (If outside corporate limits, write RURAL and give nearest town) Frederick	
TOWN Frederick		TOWN Frederick	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 300 West Fifth Street		STREET ADDRESS (If rural, give location) 300 West Fifth Street	
3. NAME OF DECEASED (First) CHARLES (Middle) E. (Last) WEHLER		4. DATE OF DEATH (Month) April (Day) 11 (Year) 19 51	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH Oct. 18, 1864
9. AGE last birthday 86 yrs.		10. CITIZEN OF WHAT COUNTRY? USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Minister		10b. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME Levi Wehler		14. MOTHER'S MAIDEN NAME Catharine Mummert	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY No.	
17. INFORMANT AND ADDRESS Mrs. Charles E. Wehler, Frederick, Md.			

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		18. MEDICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) <u>Uremia</u>			10 days
Antecedent cause(s) (b) <u>Arteriosclerosis</u>			10 years
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <u>97</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY		(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>		HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Oct 1, 1950, to April 11, 1951, that I last saw the deceased alive on April 10, 1951, and that death occurred at 10:30 A. m., from the causes and on the date stated above.

SIGNATURE P. W. Baer M.D. ADDRESS Frederick, Md. DATE SIGNED 4.12.51

23. BURIAL, CREMATION, REMOVAL (Specify) Burial		DATE April 14, 1951	NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery	LOCATION (City, town, or county) Frederick, Maryland	(State)
DATE REC'D BY LOCAL REG. 12 April 1951		REGISTRAR'S SIGNATURE <u>Elizabeth G. Heck</u>		24. FUNERAL DIRECTOR C. E. Cline & Son, Frederick, Maryland	

009896

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED

APR 12 1951

BUREAU W. S.

MARYLAND STATE DEPARTMENT OF HEALTH

3785

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 131

1. PLACE OF DEATH COUNTY Frederick		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Frederick	
CITY (If outside corporate limits, write OR give nearest town) Frederick		CITY (If outside corporate limits, write OR give nearest town) Frederick	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 237 East Church Street		STREET ADDRESS (If rural, give location) 219 East Second Street	
3. NAME OF DECEASED (Type or Print)	(First) JOHN	(Middle) WILLIAM	(Last) WELLER
4. DATE OF DEATH	(Month) 4	(Day) 19	(Year) 1951
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 25 Aug 1885
9. AGE last birthday 65 yrs.		10. If under 1 year Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) inner		10b. KIND OF BUSINESS OR INDUSTRY Roofing Business	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME John W. Weller		14. MOTHER'S MAIDEN NAME Oliva M. Staley	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY No. 217-10-9350	
17. INFORMANT AND ADDRESS 219 E. Second St., Mrs. Lillian F. Weller, Frederick, Md.			

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Coronary Occlusion	immediate
Antecedent cause(s) (b) 420.1 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	
(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION
21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY
(CITY OR TOWN)	(COUNTY)
(STATE)	
TIME (Month) (Day) (Year) (Hour) DEATH 4-19-51 1:30 P m.	INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>
HOW DID INJURY OCCUR?	

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE **P. W. Bann** (Degree or title) **Deputy Medical Examiner, Frederick, Maryland** DATE SIGNED **19 Apr 1951**

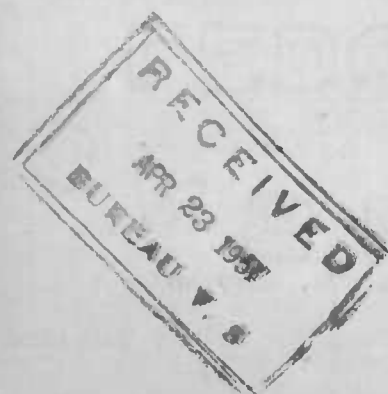
23. BURIAL, CREMATION, OR OTHER DISPOSITION (Specify) Burial	DATE THEREOF 21 April 1951	NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery	LOCATION (City, town, or county) Frederick, Maryland
DATE REC'D BY LOCAL REG. 20 April 1951		REGISTRAR'S SIGNATURE Elizabeth G. Hech	24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland
		ADDRESS	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

591246



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 177

3786

1. PLACE OF DEATH- COUNTY Frederick MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and give nearest town) RURAL New Windsor		CITY (If outside corporate limits, write RURAL and give nearest town) RURAL--New Windsor	
TOWN		TOWN	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS Edgewood	
3. NAME OF DECEASED (First) JESSE (Middle) E. (Last) WETZEL		4. DATE OF DEATH (Month) April (Day) 12 (Year) 1951	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married	8. DATE OF BIRTH 11-25-1873
9. AGE last birthday 77 yrs.		10. If under 1 year 1 year 1 day 1 hour 1 min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer retired		10b. KIND OF BUSINESS OR INDUSTRY Own farm	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY U.S.	
13. FATHER'S NAME Washington Wetzel		14. MOTHER'S MAIDEN NAME Martha Harris	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) none		16. SOCIAL SECURITY NO. none	
17. INFORMANT AND ADDRESS Mrs. Emina D. Wetzel, New Windsor, Md.			

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a)

Chronic myocarditis

Antecedent cause(s)

(b)

Arteriosclerosis

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☐

21. ACCIDENT (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
SUICIDE	INJURY			
HOMICIDE				
TIME (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Not While Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		
OF INJURY				

22. I hereby certify that I attended the deceased from Feb 26, 1951, to April 12, 1951, that I last saw the deceased alive on April 11, 1951, and that death occurred at 8 a.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
BURIAL	4-15-1951	Pipe Creek	Carroll Co.	Md.

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

April 13

C. M. Waltz

C. M. Waltz,

Winfield, Md.

100105

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MAY 31 1957
U.S. AIR FORCE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

3787

1. PLACE OF DEATH- COUNTY Frederick MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland COUNTY Montgomery	
CITY (If outside corporate limits, write RURAL and OR give nearest town) Frederick		CITY (If outside corporate limits, write RURAL and give nearest town) Rural - Hyattstown	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) RONALD	(Middle) LEE	(Last) WILLIAMS
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH Dec. 11, 1947
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE last birthday 3 yrs.
13. FATHER'S NAME Charles D. Williams		14. MOTHER'S MAIDEN NAME Mary E. Butt	
15. WAS DECREASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY No. None	
17. INFORMANT AND ADDRESS Mr. Charles D. Williams, Clarksburg, Md.		12. CITIZEN OF WHAT COUNTRY? USA	

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH 72h.
Immediate cause (a) Streptococ Peritonitis		
Antecedent cause(s) (b) 576X		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) 129		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED White at Work <input type="checkbox"/> Not White At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Apr 13**, 19**51**, to **Apr 14**, 19**51**, that I last saw the deceased alive on **Apr 14**, 19**51**, and that death occurred at **2:20 P. m.**, from the causes and on the date stated above.

SIGNATURE **[Signature]** ADDRESS **[Signature]** DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial	DATE April 17, 1951	NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery	LOCATION (City, town, or county) (State) Frederick, Maryland
DATE REC'D BY LOCAL REG. 16 April 1951	REGISTRAR'S SIGNATURE [Signature]	24. FUNERAL DIRECTOR C. E. Cline & Son, Frederick, Maryland	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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APR 17 1951

BUREAU V. &